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**Globalisation and Policy Borrowing in Education:
A Discourse-Historical Analysis of HIV/AIDS Prevention in
Uganda**

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ABSTRACT

Educational discourses, practices and institutions are increasingly shaped today by forces and envoys of a globalised world. Research suggests that functional integration into a neo-liberal world economy compels many nation-states to eschew indigenous educational priorities in favour of a globally structured agenda for education. This thesis explores the emergence of new educational policy responses to this agenda, with a particular emphasis on the practice of policy ‘borrowing’. While numerous studies have explored educational issues including curricular convergence and mass schooling in the context of policy borrowing, few have explored health education from a similar theoretical perspective. This thesis applies the Globally Structured Agenda for Education (GSAE) approach to the study of Uganda’s efforts to borrow an abstinence-only educational intervention as the nation’s primary HIV/AIDS prevention strategy.

Uganda is regarded by many AIDS researchers and public health professionals as one of the world’s most compelling success stories in the battle against HIV and AIDS. From the early 1990s until 2003, the Ugandan government actively promoted a comprehensive approach to HIV prevention, encouraging Ugandans of all ages to observe the ‘ABCs’ of sexual health (Abstain, Be Faithful, use Condoms). Unlike the vast majority of its sub-Saharan counterparts, Uganda then experienced a rapid and extraordinary decline in rates of HIV prevalence. In 2004, however, the government of Uganda abruptly abandoned the popular ABC approach in favour of ‘policy borrowing’ PEPFAR, the model of sexual health education advocated by the United States. This exclusively promoted the benefits of abstinence until marriage.

The sudden shift in education policy and public discourse in Uganda is the focus of this research. Two forms of documentary analysis are used. The first explores the borrowing process in detail, examining the interests and motivations underlying cross-national policy attraction, decision-making, implementation and ultimately, indigenisation in Uganda. The second explores the social, educational and health consequences of an abstinence-until-marriage approach in the context of Uganda’s localised AIDS epidemic. A discourse-historical approach is utilised to examine the

ways in which language and rhetoric establish a narrative correlation between pre-marital abstinence and HIV prevention in Uganda, and to analyse the extent to which public discourse legitimately reflects the social, economic and epidemiological conditions in-country.

The findings suggest the discourse on HIV/AIDS prevention in Uganda focuses mainly on (i) the severity of the national epidemic, (ii) the scope, nature and success of the ABC approach, (iii) the virtues of pre-marital abstinence, and (iv) the prophylactic inefficiency of condom use. The various arguments in support of abstinence-until-marriage education are found to be largely motivated by the political ambitions and economic aspirations of key power elites in Uganda. This finding suggests the neo-liberal, capital-driven imperatives of a global education agenda have indeed come to supersede local health needs in Uganda. The study concludes that Uganda's efforts to halt the spread HIV/AIDS through abstinence-until-marriage education fail to adequately address the prevention needs of the nation's adolescents and adults. This is evidenced by the fact the largest percentage of HIV-positive persons in Uganda are married, divorced and/or widowed women. Rather than marriage being seen as – in the American model – a 'safe haven' from the virus, it is instead the very place where Ugandans are most at risk. This has profound implications not only for education and health policy-making in Uganda, but also raises serious questions about the efficacy and relevance of 'borrowing' policies whose origins, ideologies and political contexts emanate from elsewhere.

DECLARATION

I, Brooke Barnowe-Meyer, hereby certify that this doctoral thesis has been composed by me, that the work is my own, and that it has not been submitted to any other institution for a degree or professional qualification.

Brooke Barnowe-Meyer

Date

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LIST OF ABBREVIATIONS

ABC	Abstain, Be faithful, use Condoms
AFLA	American Family Life Act
AIDS	Acquired Immune Deficiency Syndrome
AIM	Uganda AIDS/HIV Integrated Model District Programme
APHRC	African Population and Health Research Center
AUME	Abstinence-until-marriage education
CAWA	Campus Alliance to Wipe Out AIDS
CDA	Critical Discourse Analysis
CDC	Centers for Disease Control
CWEC	Common World Educational Culture
DHA	Discourse-Historical Analysis
DRC	Democratic Republic of the Congo
FBO	Faith-based organization
FGM	Female genital mutilation
GAO	General Accountability Office
GSAE	Globally Structured Agenda for Education
HIV	Human Immunodeficiency Syndrome
HRW	Human Rights Watch
IMF	International Monetary Fund
IRC	Institutional Review Committee
LGBTQ	Lesbian, gay, bisexual, transgender and questioning
MCC	Makerere Community Church
MDD	Music, Dance and Drama
MoES	Uganda Ministry of Education and Sports
MoH	Uganda Ministry of Health
MT	Master trainer
NACP	National AIDS Control Programme
NARC	National AIDS Research Committee
NRM	National Resistance Movement
NYF	National Youth Forum
OECD	Organisation for Economic Co-operation and Development
OGAC	Office of the U.S. Global AIDS Coordinator
PEPFAR	President's Emergency Plan for AIDS Relief
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PPET	Post-primary education and training
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
PTC	Primary Teachers College
SHEP	School Health Education Programme

SPRANS	Special Projects of Regional and National Significance
SSI	Semi-structured interview
STD/I	Sexually transmitted disease/infection
TMC	Traditional male circumcision
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCST	Uganda National Council for Science and Technology
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UNITY	Uganda Initiative for TDMS and PIASCY
UPDF	Uganda People's Defence Force
UPE	Universal Primary Education
UPHOLD	Uganda Program for Human and Holistic Development
USAID	United States Agency for International Development
WHO	World Health Organisation

INTRODUCTION

This research explores the contemporary phenomena of globalisation and policy borrowing in the context of health education. It specifically examines the impact of a globally structured education agenda on HIV/AIDS prevention efforts in the Republic of Uganda.

‘Globalisation’ is a deeply and widely contested term used in reference to worldwide processes of socio-cultural, economic, and political integration and exchange. It encompasses the increasing interconnectedness between people and places, through the accelerated movement of goods, services, capital and labour – as well as ideas, beliefs and values – across national and international borders. It embodies a transformation in the spatial organisation of relations and transactions, and is facilitated by technological advances in mass communication. It is a process enabled by liberalisation of trade and de-regulation of capital, practices associated with neo-liberal, capitalist restructuring and new global manifestations of power and authority (Held et al, 1999; van der Westhuizen, 2009).

Educational discourses, practices and institutions have undergone a dramatic transformation in the era of globalisation. Policy-making processes once considered the exclusive domain of the nation-state are increasingly influenced – and one might argue, dominated – by the forces and envoys of a globalised world. Research suggests that functional integration into the neo-liberal world economy prompts many nation-states to eschew local and national education priorities in favour of those established within a globally structured agenda (Dale, 2000). These priorities include the expansion of human and financial capital, and the alignment of educational programmes, curricula and institutional models with the profit-driven needs and interests of the global market.

A number of states have responded to the pressures and challenges posed by a globally structured agenda for education with a practice known as policy borrowing. Premised on the belief that policies, administrative arrangements and institutions in one context may be copied and successfully replicated in another,

borrowing involves the voluntary appropriation of educational ‘best practice’ from other countries’ policy solutions. It is a process dependent upon a wide range of contextual factors and forms of interaction, and one increasingly shaped by a network of trans-national policy actors known as the ‘magistracy of influence’ (Donn & Al-Manthri, 2010). Although undoubtedly successful in promoting the semantics of a globally structured education agenda, the magistracy has also been criticised for selling outdated educational models and materials, reducing the potential for true innovation in the countries in which it operates.

While these issues have been explored extensively in other contexts – namely skills acquisition, curricular convergence and human capital optimisation – there is little understanding of the impact of globalisation on policy borrowing in *health* education. This research fills this void by providing a detailed case study of the borrowing relationship established between the United States and Uganda for the purpose of adopting a controversial model of abstinence education as the latter nation’s primary HIV/AIDS prevention strategy.

Background

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have had a massive and devastating effect on the human population. Of an estimated 33 million HIV-positive persons worldwide, 22 million currently reside in sub-Saharan Africa. Research suggests young people aged 15 to 24 are particularly vulnerable to exposure through sexual contact; indeed, the majority of infections in sub-Saharan Africa within this age group occur as a result of (hetero)sexual transmission. Educational behaviour change interventions specifically targeting adolescent sexual behaviour have been identified as a potential means by which to reduce heightened rates of infection throughout the continent. As a result, over the past three decades, African governments have experimented with a variety of behaviour change programmes for youth, none approaching the extraordinary success of the strategy pursued in the East African nation of Uganda.

Indeed, Uganda is regarded by many AIDS researchers and public health experts as one of the world’s most remarkable success stories in the battle against

HIV/AIDS. The nation experienced an unprecedented and unparalleled reduction in adult HIV prevalence from 15% in 1992 to 6% in 2002, an impressive rate decline many attribute to a comprehensive educational intervention stressing the ‘ABCs’ of sexual health – **A**bstain, **B**e faithful, use **C**ondoms – implemented as part of the nation’s intensive behaviour change campaign of the late 1980s and 1990s. After 14 years of pursuing this approach, however, the Ugandan government abruptly abandoned it in 2004, shifting its rhetorical support and educational policies in favour of so-called ‘abstinence-until-marriage education’. This controversial model of sexual health education – an integral component of the United States’ PEPFAR initiative – stresses abstinence and faithfulness *only*, denigrating condoms and discouraging their use for all unmarried adults. The adoption of two new educational policies in 2004 – the *Uganda National Abstinence and Being Faithful Policy* and the *Presidential Initiative on AIDS Strategy for Communication to Youth* (PIASCY) – signalled the end of the ABC era in Uganda and the beginning of a national strategy representing pre-marital abstinence as the nation’s best hope in the fight against HIV/AIDS.

Two forms of documentary analysis are used in this research. The first – a four-stage analytical framework for policy borrowing – examines in-depth the borrowing relationship forged between Uganda and the United States. Here, I explore the means and methods by which abstinence-until-marriage education was adopted in Uganda, and clarify the structures and processes through which borrowing was achieved. The second – a modified Discourse-Historical Approach to Critical Discourse Analysis – explores precisely why the Ugandan government abruptly transformed its discourse on HIV/AIDS prevention after the turn of the twenty-first century, abandoning the popular ABC approach in favour of an educational intervention exclusively touting the benefits and virtues of abstinence-until-marriage. Through a systematic analysis of language usage and strategic argumentation, I determine to what ends and in whose interests this discursive shift was made, and bring to light the troubling social, educational and health consequences borne of this transition.

Research objective

While this research addresses a wide range of theoretical, substantive and empirical issues, its main objective is to clarify the impact of globalisation on national policy-making processes in health education. This thesis makes two unique contributions to the current body of literature on this topic. First, it situates and critiques an existing theory of education policy-making in the era of globalisation, exploring in depth the notion of a globally structured education agenda in the context of HIV/AIDS prevention. Second, it serves as one of only a handful of studies exploring the process of borrowing in health education policy. It is also the first study of this type on the topic of sexual health education.

The guiding questions for this research are as follows:

- (1) In Uganda's efforts to prevent HIV/AIDS through abstinence-until-marriage education, who gets taught what, how, by whom, and under what conditions and circumstances?
- (2) How, by whom, and with what relations to other sectors and through what structures, institutions, and processes is abstinence-until-marriage education defined, governed, organised, and managed in Uganda?
- (3) To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

Chapter outline

In Chapter One I establish the theoretical basis for my empirical investigation. I begin by exploring in detail the concept of globalisation, including its various political, economic and socio-cultural dimensions. I then examine the impact of globalisation on national education systems, particularly the trend toward neo-liberal principles of modernisation, marketisation and efficiency-guided innovation. I go on to juxtapose two theoretical approaches to education policy-making in the era of globalisation – the 'Common World Educational Culture' (CWEC) approach of John W. Meyer and the 'Globally Structured Agenda for Education' (GSAE)

approach of Roger Dale – providing a detailed assessment of each perspective and drawing attention to the particular merits of the latter approach. The practice of educational policy borrowing is also examined in depth, including a discussion on the role of contextual factors and magisterial actors in the borrowing process. In the chapter's conclusion, I locate a gap in the current literature on policy borrowing with respect to health education; Uganda – in the context of its efforts to borrow abstinence-until-marriage education from the United States – is introduced here as a compelling case study through which to explore both this topic and the theories advanced by Dale in his GSAE approach.

Chapter Two explores the context of my case study. Here, I provide a brief account of Uganda's colonial and post-colonial history, as well as the nation's current political climate, economic outlook, educational challenges and public health concerns. I then discuss the arrival of the AIDS epidemic in Uganda and chronicle the nation's prevention efforts from the mid-1980s to early 2000s. This includes a detailed review of the government's behaviour change campaign, reported changes in attitudes and behaviour, and eventual decline in HIV prevalence. This chapter also examines the modern-day origins of abstinence-until-marriage education in the United States, exploring its controversial inception, questionable curricular manifestations and extremely limited record of success as an HIV/AIDS prevention strategy. I conclude with a brief discussion on PEPFAR, including an assessment of the plan's guiding philosophy and operational guidelines, as well as the role of Ugandan policy elites in its original authorisation.

Chapter Three features a detailed analysis of the borrowing relationship forged between Uganda and the United States. Here, a four-stage analytical framework developed by Phillips and Ochs (2003) is used to explore Uganda's efforts to borrow abstinence-until-marriage education with the assistance of a powerful international magistracy. Stage 1 (cross-national attraction) features an in-depth examination of the domestic factors and phenomena compelling Uganda's search for policy solutions in a foreign context. It also includes an assessment of the criteria by which the Ugandan government ultimately evaluated the quality and utility of abstinence education in the United States. Stage 2 (decision-making)

features an evaluation of Uganda's capacity and will for change, as well as an analysis of the measures through which the government and its magisterial partners began the borrowing process. Stage 3 (implementation) examines the ways in which American-style abstinence education was incorporated into Uganda's HIV/AIDS prevention strategy, while Stage 4 (internalisation/indigenisation) explores the effects of policy borrowing on pre-existing arrangements in the Ugandan education system. I conclude this chapter with a discussion on the utility of Phillips and Ochs' analytical model in the context of Dale's (2000) GSAE approach; while their framework is found to yield a great deal of information – indeed, answering my first and second research questions in their entirety – it fails to provide an adequate methodological foundation for exploring my third and final research question.

Chapter Four details the two-part qualitative study I developed to address the methodological deficiencies identified in the previous chapter. This chapter addresses all aspects of the study's design, including its partially gendered perspective, data collection methods, duration, ethical considerations and approach to data analysis. It also discusses the challenges I confronted in my efforts to access the study's population and gain research approval from the Ugandan authorities. I recount here my difficult and alarming experience in Uganda and discuss my ultimate decision to abandon field-work in the country entirely. The chapter concludes with an exploration of alternative methods by which to address my final research question, and a discussion on the features, merits and applicability of Critical Discourse Analysis (CDA).

In Chapters Five, Six and Seven, I use a modified Discourse-Historical Approach (DHA) to CDA to explore Uganda's HIV/AIDS prevention efforts from 1986 to the present day. I begin in Chapter Five with a brief overview of the DHA before providing more detailed information on the study's design and data collection methods. This chapter also features an in-depth qualitative pilot study. In Chapter Six I explore the motives and interests of those involved in the borrowing process through a systematic analysis of their discursive practice(s). Here, claims of truth and normative rightness are evaluated on the basis of preceding empirical data, theoretical knowledge and rules of rational argumentation. The discourse on

HIV/AIDS prevention in Uganda is found to poorly depict (i) the severity of the national epidemic, (ii) the scope, nature and success of the ABC approach, (iii) the virtues of pre-marital abstinence, and (iv) the protective benefits of condom use. The various arguments in support of abstinence-until-marriage education are further found to be largely motivated, not by public health concerns, but rather by the political ambitions and economic aspirations of policy elites in Uganda.

In Chapter Seven I critique the discourse analysed in the previous chapter. Here, critique aims to determine the extent to which abstinence-until-marriage education adequately responds to local prevention needs and challenges. The discourse is found to grossly over-exaggerate the prophylactic benefits of marriage in Uganda, neglecting to disclose the heightened risk of viral exposure associated with polygynous unions, extra-marital relationships, domestic violence and the widespread practice of levirate marriage. Abstinence-until-marriage education is also found to be inadequate for members of Uganda's LGBT community, as well as youth drawn to sex by culture, duty and survival. These findings suggest borrowing was neither an effective nor appropriate method by which to formulate health education policy in Uganda. An alternative approach based on the concept of policy 'learning' is therefore brought to the fore. Finally, I explore in the chapter's conclusion the challenges confronting health education programmes – specifically those designed to prevent HIV/AIDS – in a globally (rather than locally) structured agenda for education, and discuss a new vision for education policy-making in the era of globalisation.

CHAPTER ONE

Globalisation & Policy ‘Borrowing’ in Education

1.1 Introduction

Globalisation – “the growing interconnectedness between people and places, between time and space” (Donn & Al-Manthri, 2010, 19) – has profoundly and irrevocably transformed our world. It has permeated every corner of the globe and nearly every aspect of our lives; what it means and what it doesn’t, what it encompasses and excludes, have been questions extensively – if not exhaustively – analysed over the past quarter-century. The results of this analysis, however, often leave us with more questions than answers, with more conjecture than conclusion. Definitions and interpretations continue to vary widely, and no general consensus has yet been reached on its past, present or future. Some perceive globalisation as a *socio-cultural* phenomenon, as the worldwide intensification of interpersonal interaction and exchange (Giddens, 1990). Others describe it as a *political* process, as the marginalisation of the nation-state and “the rise of the ‘borderless world’” (Amin, 2002, 386; see also Scholte, 2000). Still others define it in *economic* terms, as the advent of novel institutional arrangements and worldwide principles of reform (Swyngedouw, 2004). This chapter seeks to explore – through the lens of all three perspectives – the emergence of new global policy-making processes in education, and the ways in which educational discourses, practices and institutions are increasingly shaped today by the forces and envoys of a globalised world (Donn & Al-Manthri, 2012).

1.2 Globalisation

Goods, information, knowledge and technology – as well as people, ideas and beliefs – traverse the globe today at speeds and intensity never before thought possible (Donn & Al-Manthri, 2010). Humanity’s “increasing ‘interconnectedness’ across time and space” (Rizvi & Lingard, 2000, 419) has spawned hundreds upon hundreds – if not thousands – of pieces of scholarly research and analysis since the early 1990s, yet globalisation remains today “an essentially contested term” (Rizvi & Lingard, 2000, 421). It is a phenomenon of “many faces”, one that fails to lend itself

easily to any single definition or characterisation (Wangenge-Ouma, 2008, 216). For some, it is a social and cultural phenomenon, a force compelling dramatic changes in the way we see and interact with others:

the stretching and deepening of social relations and institutions across space and time such that, on the one hand, day-to-day activities are increasingly influenced by events happening on the other side of the globe and, on the other hand, the practices and decisions of local groups can have significant global reverberations. (Held, 1995, 20)

For others, it is a far less innocuous force, one which shapes our conception of the world and indeed our place in it. It is a force of ‘de-territorialisation’ and ‘de-politicisation’, threatening in its very essence to redefine the geographic and political boundaries of our world. It is the end of the nation-state as we know it, some claim, the birth of a new global order

in which territorial location, territorial distance and territorial borders do not have a determining influence. In global space ‘place’ is not territorially fixed, territorial distance is covered in effectively no time, and territorial frontiers present no particular impediment. (Scholte, 2000, 179)

Both its social and political implications are driven, others argue, by a revolutionary shift in global economic authority and activity. Regulatory arrangements have moved vertically from a national locus of viability upwards to that of the supranational and the global, informing the conditions of life within all domains traditionally dominated by economic activity and exchange (Milward, 2003; Swyngedouw, 2004):

under the globalization process, most economies witness rapid integration of productive and investment decisions across the globe, increasing breakdown of trade and investment barriers, emergence of truly global companies with vast capital base ... rising share of international trade in world output, and heightened capital mobility ... [it] also involves [the] widening and intensification of links between the economies of the industrial and developing countries through trade, finance, investment, technology and migration. (Aluko, Akinola & Fatokun, 2004, 121)

A number of scholars have attempted to encapsulate the many faces of globalisation in a single, all-encompassing definition. They variously describe globalisation as:

growing structural differentiation and functional integration in [the] world economy ... growing interdependence across the globe ... the nation-state coming under pressure from the surge of transnational phenomenon ... [and] the emergence of a global mass culture driven by mass advertising and technical advances in mass communication. (Ake, 1995, cited in Akinboye, 2008)

the transformation of the relations between states, institutions, groups and individuals, the universalization of certain practices, identities and structures, and perhaps more significantly, the expression of global restructuring [that] has occurred in recent decades in the structure of modern capitalist relations. (Aine, 1996, cited in Akinboye, 2008)

the breaking down of barriers between societies, economies and political systems and the greatly increased volume of exchange, in terms of trade, finance, people or ideas between them. (Arema & Aiyegbusi, 2011, 511)

Hundreds of other definitions for globalisation have been proposed over the past quarter-century. Absent a universal interpretation, globalisation is defined broadly for the purposes of this research study as

the increasing interconnectedness between people and places, through the accelerated movement of goods, services, capital and labour – as well as ideas, beliefs and values – across national and international borders. It embodies a transformation in the spatial organisation of relations and transactions, and is facilitated by technological advances in mass communication. It is a process enabled by liberalisation of trade and deregulation of capital, practices associated with neo-liberal, capitalist restructuring and new global manifestations of power and authority. (Held et al, 1995; Van der Westhuizen, 2009)

Although a number of scholars have suggested that globalisation is merely “old political economy wrapped in new terminology” (Donn & Al-Manthri, 2010, 25; see also Sen, 2002) – citing a flow of goods, information, knowledge and technology across the globe over millennia of human history – others point to the “hyper-mobility of capital” (Rizvi & Lingard, 2000, 420) and the breadth, scope and

intensity of global connection, communication and commodification today as distinguishing characteristics of the current phase of global exchange (Brysk, 2002).

Economic, political and cultural effects

The term ‘globalisation’ was coined by economist Theodore Levitt in 1985 “to describe changes in global economics affecting production, consumption and investment” (Spring, 2008, 331). Today, globalisation remains discursively framed largely in the context of sweeping economic and political change. The world economy has shifted – or so it appears – from the traditional Westphalian nation-state order to one in which new forms of political and economic organisation now dominate (Swyngedouw, 2004). This change is generally attributed to the rapid growth and expansion of multinational, transnational and supranational bodies – including the World Bank, International Monetary Fund (IMF) and the Organisation for Economic Co-operation and Development (OECD) – as well as the worldwide propagation of neoliberal principles and reforms. Often traced to Austrian economist and University of Chicago professor Friedrich Hayek, neoliberalism suggests that “free markets, rather than government control and bureaucracy, [are] the best means of determining production and pricing of goods, along with the control of ... social institutions, including schools” (Spring, 2008, 343). These principles first appeared in the form of coherent policy prescriptions in the mid- to late-1980s; known popularly as the Washington Consensus, the prescriptions encouraged the adoption of market-oriented fiscal policies aimed at deregulation, privatisation and liberalisation of trade, in addition to reforms of taxation and legal systems and the modification of interest and exchange rates (Amos, Keiner, Proske & Radtke, 2002). Originally developed by American economist John Williamson as a growth strategy uniquely tailored to Latin America, the recommended reforms were quickly adopted by the U.S. Treasury, World Bank and IMF as the global standard for acceptable macroeconomic practice and ‘responsible’ financial management (Marango, 2009).

Neoliberal policies are designed, in part, to reduce or eliminate the existence of national barriers to global resource optimisation, and to permit the freer circulation of both financial and human capital worldwide (Donn & Al-Manthri,

2010). Their impact, however, has been to produce remarkable redundancy in the political and economic structures of the world, and to reduce “both in practical and ideological terms the capacity for direct state intervention” in the marketplace (Ball, 1998, 120). Individual governments, through processes of deregulation and liberalisation, have experienced marked reductions “in their ability to control or supervise” the activities of transnational and multinational entities operating within their respective *territorial* borders, and to maintain in turn the integrity of their *economic* borders in response to such activity (Ball, 1998, 120). As noted by Rizvi & Lingard (2000, 421), these governments have increasingly re-framed their approach to a host of national policies – including education – “so as to ensure the competitiveness of the national economy in the face of globalization”:

The financial markets now decide which are the right policies and which are not. Markets now define the parameters of politics as neoliberal economists exert an unprecedented amount of influence in shaping public policies, as countries everywhere look for ways to compete and increase their share of the global export market. (Rizvi & Lingard, 2000, 421)

Paradoxically, states appear increasingly willing to enact policies “which will erode their control over certain social and economic forces”, thereby “voluntarily divesting themselves” of the power to mould and absorb them (Van der Westhuizen, 2009, 618). In spite of a diminished capacity to independently shape national policy, however, it is important to note that states have not been rendered entirely politically “impotent” by the forces of globalisation (Dale, 1999, 2). All have retained “their formal territorial sovereignty more or less intact” (Dale, 1999, 2), and have weathered the impact of neoliberal reforms on their domestic policy-making capacities in very different ways. Weiss (1997, 26) cautions against the wholesale acceptance of the “myth of the powerless state”, and asserts that, with the proliferation of regional agreements, “we can expect to see more and more of a different *kind* of state taking shape in the world arena, one that is reconstituting its power at the centre of alliances formed either within or outside the state” (Weiss, 1997, 27). Brenner (1998, 161) argues that the free circulation of financial capital in fact “depends upon relatively fixed and immobile territorial infrastructures” – such as those of the nation-state – noting that capital accumulation and expansion is only

ultimately possible when “generated and realized at fixed points” (Robertson, Bonal & Dale, 2002, 474; see also Dale, 2005). Indeed, no supranational institution has yet been able to replicate the role of the nation-state as “administrative and coercive guarantor of social order, property relations, stability or contractual predictability, or any other conditions required by capital daily” (Van der Westhuizen, 2009, 619). The impact of globalisation on individual nation-states is perhaps most acutely dependent on their negotiating capability relative to their existing economic and political power, what Donn & Al-Manthri (2010, 31) describe as “national capital”. Power is indeed a “cardinal attribute of globalisation” (Donn & Al-Manthri, 2010, 26), placing those who wield it and those who wish to in strikingly different positions in the new world order. The importance of power and the dichotomous relationship between the global ‘centre’ and ‘periphery’ will be discussed in further detail below.

Through a variety of political-economic processes, technological innovations, and human migratory movements, globalisation has also greatly transformed the nature and degree of global cultural communication and exchange. Ideas, values and beliefs, as well as images, tastes and attitudes, traverse the globe today with unprecedented speed and intensity (Donn & Al-Manthri, 2010). Advanced technologies and instantaneous global communication have brought a world of lifestyle, travel and employment options to our literal and figurative fingertips, dramatically transforming our engagement with other societies across the globe:

The cultural Other is no longer remote, exotic, or mystical and beyond our reach. The Other is all around us. The ensuing cultural diversity has clearly enriched us – hybridity has almost become the cultural norm. (Rizvi & Lingard, 2000, 419)

The benefits of cultural diversity notwithstanding, the effects of globalisation are likely to be perceived and experienced in profoundly different ways by the cultural ‘Other’. While some see potential opportunities for economic growth and advancement offered by greatly expanded access to people, places, and products, others view globalisation as a process of cultural homogenisation (Rizvi & Lingard, 2000). Goods and services produced locally, as well as ideas and beliefs of a

traditional or indigenous nature, are often subsumed and subjugated in the global flow of pre-packaged cultural goods from the world's wealthy 'centre' to its poverty-stricken 'periphery':

There is an emergent binary divide between those who are able to enjoy the new cultural goods and services exchanged in the global market, and those who are the victims of the global economy and the restructuring of work induced by new communication technologies and fast, footloose, nomadic capital. (Rizvi & Lingard, 2000, 419-420)

This divide has prompted many in the developing world to question if globalisation is in fact a new form of colonialism (Rizvi & Lingard, 2000; Hoogvelt, 2001). There is little coincidence, they argue, that the 'colonisers' and 'globalisers' are often one in the same, and that the 'colonised' and 'globalised' share a strikingly similar degree of cultural subordination and submission.

Beyond accusations of neo-colonialism, much criticism of globalisation lies in its foundation as a neo-liberalist economic project: a new paradigm in international economic relations signalling the collapse of the Soviet Union, the dissolution of planned economies, and the triumph of capitalism on a truly global scale (Rugumamu, 1999; Akinboye, 2008). It is interpreted by some as "the engine by which the economies of the world's weaker nations are ... opened up and subjected to the hegemony of the developed capitalist economies" (Ninsin, 2000, 5), a project structured to impoverish and perpetuate the underdevelopment of nations on the fringe of world capitalism (Ake, 1995):

[G]lobalization super-imposes the values of the North on the South by accelerating the successful penetration of capitalism and other bourgeois ethos into the nooks and corners of Asia, Latin America and Africa, [as well as] the erstwhile non-capitalist states of Eastern Europe. (Oriakhi, 2001: 24)

Indeed, as long ago as 1998, Stephen Ball noted that not everyone has an equal stake in this transformative project. Political and economic elites, as well as the citizens of most developed nations, are far more likely to reap the benefits of globalisation than are their counterparts in the developing world. Those in the global 'periphery' are more likely to perceive the "integrated, yet expanding, capitalist market" and the

“structured world political order” as instruments of domination, polarisation, and imperialism (Aluko et al, 2004, 120), restricting access to sites of power and further threatening to marginalise “already economically peripheral individuals, communities and commodities” (King & McGrath, 2002; 33; see also Held et al, 1999). Historical patterns of social and economic stratification, some argue, are thus perpetuated and exacerbated by the adoption of neoliberal principles and reforms.

1.3 Globalisation and Education

National education systems, as one of the most cost-intensive services of the state, have too become targets of the neoliberal reform agenda (Amos et al, 2002). Education is viewed in the neoliberal paradigm as a key factor in honing states’ competitive advantage with respect to each other in a dynamic and increasingly integrated world economy (Dale, 2000). National education objectives appear increasingly directed “to fulfilling the requirements of the economy under conditions of global competition” (Usher & Edwards, 1994, 175); educational programmes, curricula and institutional formats at primary, secondary and tertiary levels are ever more expected to implement “efficiency guided innovation”, and to align their priorities and practices with those of the global market (Amos et al, 2002, 195). According to Rizvi & Lingard (2000), the emergence of supra-national policy-making bodies has undoubtedly affected educational policy production within nations, precipitating the convergence of broad educational policy frames across the globe. Reform initiatives introduced over the previous two decades indeed appear to exhibit “universalizing tendencies” (Halpin & Troyna, 1995, 307), as “notions of the appropriate form and content of schooling are increasingly shared” worldwide (Christie, 1997, 114).

A considerable body of research on globalisation and education has developed in recent years exploring the impact of worldwide discourses, processes and institutions on national practices and priorities (Spring, 2008). Two prominent theories have emerged from this body to inform our understanding of globalisation, of education, and of the often complex relationship between them. The following sections explore in detail the ‘Common World Educational Culture’ approach of

John W. Meyer and the ‘Globally Structured Agenda for Education’ approach of Roger Dale.

A ‘Common World Educational Culture’?

The Common World Educational Culture (CWEC) approach – also known as ‘world culture’, ‘world society’ or ‘world polity’ theory – is the brainchild of sociologist and Stanford University professor John W. Meyer. For nearly three decades, in association with colleagues John Boli, George W. Thomas and Francisco O. Ramirez (1997), Meyer has argued that discernible convergence in a host of national policies and processes – including education – is the result of a hypothesised ‘world culture’: a dominant, universalistic cultural ideology producing and legitimating global models of governance and practice in virtually all domains of rationalised social life. They argue that many features of the contemporary nation-state, indeed the state itself, are “to be regarded as essentially shaped at a supranational level by a dominant world (or Western) ideology, rather than as autonomous and unique national creations” (Dale, 2000, 429; see also Meyer et al, 1997). The formal structures of society – ranging from the definition and properties of the individual to the form and content of organisations such as schools – arise from or are adjusted to fit very general rules externally prescribed and having worldwide meaning and power (Meyer, Boli & Thomas, 1987).

Features of national education systems are perceived by Meyer and colleagues as ritual re-enactments of broad-based cultural prescriptions, norms, and conventions – so-called ‘world models’ – rather than rational responses to concrete local problems (Meyer, Boli & Thomas, 1987). The institutionalisation of world models, they posit, helps explain structural convergence in education despite “enormous differences in resources and traditions, ritualized and rather loosely coupled organizational efforts, and elaborate structuration to serve purposes that are largely of exogenous origins” (Meyer et al, 1997, 145; see also Dale, 2000). Observable isomorphism in curricular categories – including the increased global emphasis on mathematics and science, English language instruction, and skills

acquisition (Waitzberg, 2007) – is heavily emphasised in the CWEC approach. The phenomenon of mass schooling is also strongly implicated:

Mass schooling [has] developed and spread as an increasingly familiar set of general ideological and organizational arrangements. Over historical time and through diverse processes, features of modern schooling coalesced into one normative institutional model [that] was increasingly linked to the ascendant nation-state [which was] itself fostered by a world political culture emerging from the conflicting dynamics of the world capitalist economy ... Mass schooling becomes the central set of activities through which the reciprocal links between individuals and nation-states are formed. (Ramirez & Ventresca, 1992, 47-59)

According to this perspective, mass education and mass school curricula (a consensus on the ‘legitimate’ knowledge to be taught in schools) are “closely linked to emergent models of society and education which have become relatively standardized around the world” (Kamens, Meyer & Benavot, 1996, cited in Dale, 2000).

Meyer and colleagues suggest that standardised models “create homogenizing cultural effects that undermine the impact of national and local factors” in policy development and implementation (Kamens, Meyer & Benavot, 1996, 432, cited in Dale, 2000). Multi- and supra-national organisations – including the World Bank, UNESCO, and OECD – are seen to play crucial roles in the CWEC approach as the architects and agents of the emergent ‘world culture’:

The principles, norms, rules, and procedures of the wider system are enshrined in these organizations, and they have become carriers of the culture of the world polity ... they reflect the more binding and universal influence of the global system and operate in a variety of ways to effect the institutionalization of world ideologies, structures and practices at the nation-state level ... they attribute ‘a certain amount of causal efficiency’ to international organizations in bringing about the convergence of national education practices. (McNeely & Cha, 1994, 2-3)

Individuals both inside and outside the state who engage in national policy formulation are viewed in the CWEC approach as mere enactors of the world polity script, rather than as autonomous, self-directed actors.

Despite the enthusiastic promotion of Meyer and his colleagues, the CWEC approach is replete with theoretical vagaries and inconsistencies. CWEC's claims are "fundamentally about the existence and nature of a universal set of norms, ideas, and values that inform and shape the very nature of states as well as their policies" (Dale, 2000, 440-441). Its proponents appear less concerned, however, with establishing the precise effects these conventions have on national education systems or local schools in any particular case (Dale, 2000). While CWEC may elucidate whether a given country's educational policies include a given curricular category, it does not reveal in any substantial detail what significance the category carries, how it is interpreted or implemented, or indeed the processes by which standardisation is achieved (Benavot, Cha, Kamens, Meyer & Suk-Ying, 1992; Dale, 2000). Meyer's world culture theory also suffers from a lack of linguistic specificity (Dale, 2000); despite various references to global 'norms', 'conventions', 'standards' and 'customs', little effort is expended to explore the nature and meaning of these terms, or to analyse the educational and ethical consequences their adoption might imply.

The CWEC approach further fails to account for a number of educational and political realities in the era of globalisation. A heightened degree of global cultural convergence does not "eradicate historically specific differences among nations" (Vavrus, 2004, 147); world culture remains, as noted by Dale (2000, 434), "far from homogeneous". Although Meyer and colleagues contend that exogenous forces and supranational bodies have relegated national actors to the role of policy surrogate, this assertion fails to account both for the fact that supranational organisations are themselves a conscious construction of nation-states, and that the majority of states continue to exercise a considerable degree of self-determination in their efforts to formulate local and national policy (Dale, 2000). While acknowledging that 'world culture' is a construct of Western modernity "emerging from the conflicting dynamics of the world capitalist economy" (Ramirez & Ventresca, 1992, 59), there is little recognition by CWEC proponents "of the spread of schooling or of curricular categories being driven by political-economic factors, or for their reception being involuntary or imposed" (Dale, 2000, 447). A cursory examination of the strategies and practices of both powerful nation-states and organisations such as the World

Bank and IMF, however, reveals adherence to universal standards repeatedly “brought about through pressure or compulsion” (Dale, 2000, 447):

In the case of curricular categories, the World Bank has been much more than a passive carrier of CWEC and has frequently made educational funding contingent on the adoption of particular emphases and approaches ... the structural adjustment programs imposed by the World Bank and IMF frequently require countries to alter the emphasis they put on education and especially on how it is funded ... What we see here is a shift from ‘voluntary emulation’ or ‘policy learning’ to ‘coerced adjustment’ as the mechanism through which CWEC is spread. (Dale, 2000, 447)

A ‘Globally Structured Agenda for Education’?

In the year 2000, educationalist and University of Bristol professor Roger Dale introduced an alternative conceptual approach to globalisation and education known as the Globally Structured Agenda for Education, or GSAE. Although the GSAE approach shares a number of common characteristics with CWEC – notably, a recognition that “national interpretative frames are supranationally as well as nationally shaped” (Dale, 2000, 435) – it also differs in several important ways. While CWEC’s proponents perceive globalisation as driven by an emergent world polity reflecting the values of Western modernity, GSAE views the “changing nature of the world capitalist economy” (Dale, 2000, 428) as its primary driving force. For GSAE’s proponents, globalisation is not primarily a cultural construct, but rather

a set of political-economic arrangements for the organization of the global economy, driven by the need to maintain the capitalist system rather than by any set of values. Adherence to its principles is brought about by political-economic leverage and perception of self-interest. (Dale, 2000, 436)

From Dale’s perspective (2000), globalisation is centred around three major regional groupings – ‘Europe’, ‘America’, and ‘Asia’¹ – which both cooperate and compete fiercely to advance a set of social, political and economic agreements most favourable to their pursuit of profit in a competitive global marketplace. New forms of global governance have emerged as a result of these agreements, often permitting

¹ These groupings are social and political-economic constructs rather than geographically inclusive zones (Dale, 2000).

supranational organisations – including the World Bank, World Trade Organisation (WTO), OECD and IMF – to yield more power and influence over the global economy than any individual state in their ranks. This shifting locus of power, Dale contends, has “changed both the nature of the problems confronting the nation-state and the nature of their capacity to respond to them” (Dale, 2000, 441). Supranational bodies and a globalised economy have increasingly presented the nation-state with a set of ‘core problems’, he suggests, which frame the agenda of the state, and all its component parts, in a capitalist, profit-driven society (Dale, 2000). For education, these core problems include supporting a regime of capital accumulation, ensuring a context that does not inhibit its continuing expansion, and providing a basis of legitimacy for the system as a whole (Dale, 2000; Robertson et al, 2002). Both the forms and relative priorities of these problems are subject to change, requiring states to adjust to them accordingly (Dale, 2000). Their solutions, however, are rarely simple or analogous:

Rather, the solutions to them tend to be contradictory and these contradictions are what provide the dynamic of education systems. In the era of globalization, these become problems to be addressed at a global as well as national level, with the means of addressing them at the one level having clear, direct, and possibly contradictory implications for the ways they are addressed at the other. (Dale, 2000, 437)

Like Meyer and CWEC’s proponents, Dale cites curricular convergence to illustrate the relationship between global forces and systemic educational change. In the GSAE approach, however, the causal force for change is *capitalism*, rather than either locally perceived problems or emerging ‘world models’:

While matters such as the place and value of a national curriculum have traditionally been largely determined at a national level, responses to them are becoming increasingly framed by agendas set by the global political economy. (Dale, 2000, 440)

A number of states – most notably, South Africa – serve as a testament to this theory. As the nation emerged from the devastation of apartheid in the early 1990s, its education system lay in ruins. Decades of policies designed to enforce racial dominance and oppression had resulted in a system that privileged few at the

expense of many, and was ill-equipped to meet the social, economic and political needs of a newly democratic South Africa. The curriculum presented a particularly significant challenge to policy-makers, as many South Africans perceived its content as outdated, incoherent, and a reinforcement of racial injustice and inequality (Jansen, 1999; Botha, 2002). These problems were quickly eclipsed in the government's agenda, however, by a perceived need to expand the nation's stock of human and financial capital. Reform of the crisis-riddled education system was framed, not in the context of social justice and redress, but rather as an effort to remove academic barriers to progression, flexibility, versatility and diversity in the South African workforce (Allais, 2003; Chisholm, 2003), as well as the nation's ability to "reap the benefits of globalisation" (Unterhalter, 1999, 27). A desire to produce economically competitive, multi-skilled and performative labour thus took precedence over conditions of poverty and continued racial oppression, resulting in the adoption of a controversial curricular reform model known as Outcomes-Based Education (OBE). While OBE theoretically fulfilled the labour needs of capital, it did little to address salient issues of power, knowledge, inclusion, access, equity and equality of opportunity (Soudien & Baxen, 1997). In the government's efforts to integrate South African students "into the modern world order and its economic machinery" (Soudien & Baxen, 1997, 457), these important issues remained largely unaddressed within the new curriculum.

The CWEC and GSAE approaches also view education in profoundly different ways. For Meyer and his colleagues, education is a *resource*, a means by which the semantics and practices of Western modernity may be propagated on a global scale. From Dale's perspective, education is a *topic*; the study of globalisation and education involves understanding the consequences of the former for the latter. The GSAE conception of education thus centres on three crucial sets of questions:

1. Who gets taught what, how, by whom, and under what conditions and circumstances?
2. How, by whom, and with what relations to other sectors and through what structures, institutions, and processes are these things defined, governed, organized, and managed?

3. To what ends and in whose interests do these structures and processes occur, and what are their social and educational consequences? (Dale, 2000, 439)

These questions are key to research on education in the era of globalisation; as such, they will be frequently referenced throughout the remainder of this study. Their answers, Dale posits, will vary significantly across educational systems, and will focus on “the principles and processes of the distribution of formal education, on the definition, formulation, transmission, and evaluation of school knowledge, and on how these things are interrelated”:

They direct us to discover how those processes are funded, provided, and regulated, and how such forms of governance relate to broader conceptions of governance within a society. We are required to ask how these structures and processes, which we typically shorthand as ‘educational systems,’ affect the life chances of individuals and groups and the overall mutual relations of educational systems to the wider social collectives and institutions of which they are [a] part. (Dale, 2000, 440)

The GSAE approach, while emphasising the impact of global forces on national educational policy and practice, also readily acknowledges the power of local and national agency. Although nation-states undoubtedly confront a new and unique set of problems and pressures under a “tightening ligature” of internationalisation (Donn & Al-Manthri, 2010, 11), they also retain a considerable degree of autonomy and self-determination. They are not ‘helpless victims’ “ruthlessly manipulated or controlled by global forces” (Silova, 2004, 76); rather, in many cases, they are capable of defining and pursuing their own interests and agendas, often by manipulating global forces in their favour. Rejecting the “simplistic view of world cultural theorists that national elites select the best models of schooling from a world culture of education” (Spring, 2008, 336), GSAE’s proponents stress the existence of a “global flow of educational ideas”, one comprised of multiple forms of knowledge as well as different ways of seeing and understanding the world (Spring, 2008, 336; see also Little, 2003). They believe that national governments and local actors appropriate and adopt educational models not through a curious form of spontaneous cultural osmosis (Dale, 2000), but rather through a complex process known as policy borrowing.

1.4 Policy Borrowing in Education

Policy borrowing² – the “conscious adoption in one context of policy observed in another” (Phillips & Ochs, 2004, 774) – has been a common feature of policy-making for centuries of human history (Green, 1997). Nations have long introduced domestic policies derived – or copied explicitly – from those in foreign contexts, and have applied these policies – with varying degrees of success – to a multitude of social, economic and political problems. We see today, however, in an era of unprecedented internationalisation and global competition, that states appear increasingly likely to look to other political systems for knowledge and ideas about educational institutions, programmes and policies (Dolowitz & March, 2000; Lingard, 2010).

As noted by Stone (1999, 51), ‘borrowing’ is but one of many terms used to denote the practice of policy *transfer*, a dynamic whereby “knowledge about policies, administrative arrangements and institutions is used across time and space in the development of policies, administrative arrangements and institutions elsewhere”. While some terms – including ‘external inducement’ (Ikenberry, 1990) and ‘direct coercive transfer’ (Dolowitz & March, 1996) – suggest a compulsion to conform, others – including ‘policy learning’ (May, 1992; Raffe, 2011) and ‘policy shopping’ (Freeman, 1999) – convey a sense of transfer being a self-imposed endeavour (Stone, 2001). Policy *borrowing* falls into the latter category³. In education, this “cross national mimetic process” (Lawn & Lingard, 2002, 293) involves the voluntary appropriation of identifiable aspects of educational ‘best practice’ from other countries’ policy solutions (Halpin & Troyna, 1995; Raffe,

² Many question the linguistic adequacy of the term ‘borrowing’, as states are not in fact engaged in a temporary exchange of policy (Phillips, 2005). A number of scholars have suggested alternative descriptors such as ‘copying’, ‘emulation’, ‘appropriation’ and ‘assimilation’ (Phillips & Ochs, 2004, 774; Dale, 1999; Steiner-Khamsi, 2004). These terms, however, often fail to reflect the deliberate nature of (*continued from previous page*) adopting specific policies observed elsewhere, or to encompass circumstances when states adopt policies vigorously promoted from abroad. Such activities may more accurately be described as policy ‘importation’, a term which reflects both the purposive nature and the increasingly commercially-oriented dynamic of the exchange. The vast majority of literature on the topic, however, adheres to the ‘borrowing’ moniker, a practice observed throughout this research study as well.

³ While ‘policy borrowing’ and ‘policy learning’ fall into the same category of volitional transfer, they differ significantly in both theory and in practice. A detailed account of their differences is featured in Chapter Seven.

2011). According to Dale (1999), it is a process carried out *explicitly* and *voluntarily*, involving *particular policies* one nation seeks to *imitate*, *emulate* or *copy* from another (or from multiple others), which is the *product of conscious decision-making initiated by the recipient*. Notably, the term borrowing does not apply to either accidental coincidences of policy – where similarities are “serendipitous” (Phillips & Ochs, 2004, 774) – or to a less well-defined susceptibility to influence or be influenced.

In 2003, British educational researchers David Phillips and Kimberly Ochs introduced an innovative conceptual framework for the analysis of policy borrowing in education. Designed to provide concrete representation of policy processes often described in the abstract, Phillips & Ochs’ (2003) four-stage analytical model carefully traces the means and methods by which states engage with others in educational policy borrowing. The four stages include *cross-national attraction*, *decision*, *implementation*, and *internalisation/indigenisation*, represented by Phillips & Ochs (2004, 781) as a “continuous circular progression” initialising and re-initialising at fixed points [see Figure 1].

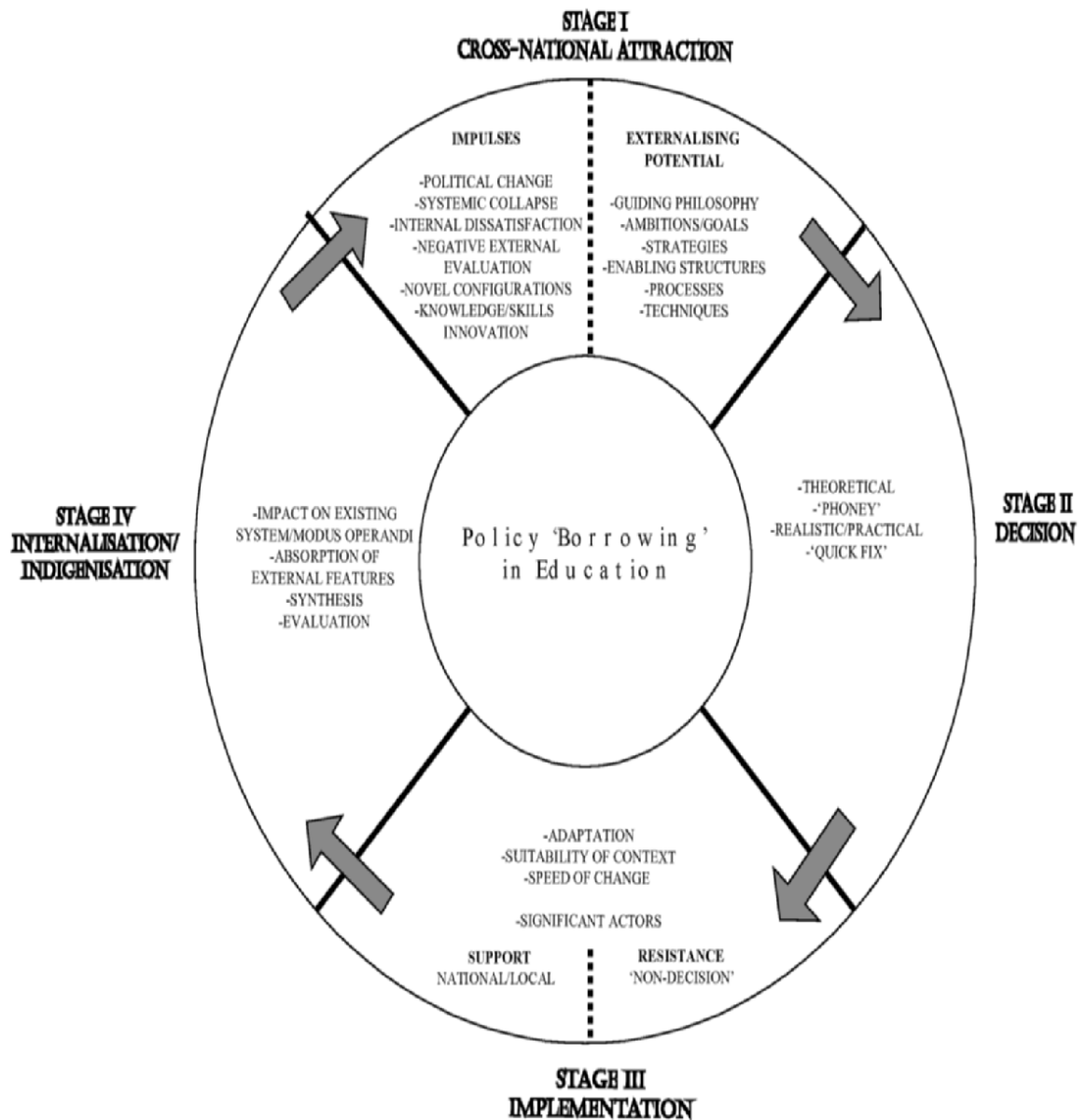


Figure 1. Policy borrowing in education: composite processes.
(Source: Phillips & Ochs, 2003)

Stage 1 – Cross-national attraction

The first stage, *cross-national attraction*, involves in-depth examination of the political, social and economic factors which compel states to look to foreign environments for educational policy solutions. Phillips & Ochs (2004) identify a number of ‘impulses’, or domestic preconditions, that a state is likely to experience prior to engaging in policy borrowing. These impulses may “originate in various phenomena” (Phillips & Ochs, 2004, 778), including:

- Internal dissatisfaction - on behalf of teachers, parents, students, inspectors and government officials
- Systemic collapse – including the need for educational reconstruction following armed conflict or natural disaster
- Negative external evaluation – such as poor achievement results on international assessments including PISA, TIMSS, and PIRLS⁴
- Economic change or competition – including sudden changes in national economic structures, such as widespread privatisation
- Political change and other imperatives – including the need to satisfy a disaffected electorate, or to revise systems following periods of occupation or extended administrative control
- Novel world, regional or local configurations – including globalising tendencies and various international alliances
- Innovations in knowledge and/or skills – such as the failure to apply and exploit advancements in technology (Phillips & Ochs, 2004, 778)

In this initial stage, it is important to determine whether states identify these impulses as a matter of “genuine concern based on deep knowledge of educational issues”, or instead as an opportunity for “cynical exploitation of real or contrived weaknesses” (Phillips & Ochs, 2003, 452). In either case, such impulses often represent major obstacles to global competitiveness and integration, obstacles for which there may be few, if any, readily available or desirable domestic solutions.

If no such solutions exist or are deemed practically or theoretically feasible, states appear increasingly likely to look beyond their borders for more favourable options and ideas (Phillips & Ochs, 2003). Some states undertake thoughtful scientific or academic investigation of the situation in foreign contexts, while others simply weigh popular perceptions of the superiority of alternative approaches (Phillips & Ochs, 2003). Some searches are “politically motivated endeavours”, seeking foreign reforms only in clear contrast to obstacles ‘at home’, while others involve deliberate distortion of evidence obtained abroad to highlight perceived domestic deficiencies (Phillips & Ochs, 2003, 453). Through these searches, states

⁴ Programme for International Student Assessment, Trends in International Mathematics and Science Study, and Progress in International Reading Literacy Study.

determine what elements of foreign systems and policies are theoretically available for borrowing, including:

- Guiding philosophies or ideologies – such as ‘improving access’, ‘increasing enrolment’ or ‘aligning educational goals with market needs’
- Ambitions and goals – such as ‘targets’ and ‘quotas’
- Strategies – for funding and training
- Enabling structures – such as administrative mechanisms and general organisational features
- Processes – assessment, certification and accreditation procedures
- Techniques – teaching methods and pedagogical tools

After an initial period in which states examine and gauge the utility and applicability of these elements – what Phillips & Ochs (2003) term ‘externalising potential’ – they then turn to a process of decision-making, the second stage of policy borrowing.

Stage 2 – *Decision*

The *decision* stage of policy borrowing “consists of a wide variety of measures through which government and other agencies attempt to start the process of change” (Phillips & Ochs, 2003, 453). Phillips & Ochs (2003) categorise decisions based on initial motivations and rationale originating from the process of cross-national attraction, labelling these categories as theoretical, realistic/practical, ‘phony’ and ‘quick fix’.

Theoretical. States are identified as basing their borrowing decisions on theoretical grounds when the “guiding principle” for change ‘at home’ is essentially ideological or philosophical in nature (Phillips, 2004, 57). Decisions based upon theoretical ideas and general ambitions – particularly those observed elsewhere – tend not to account for important issues of practicality or domestic compatibility, and are “not easily susceptible to demonstrably effective implementation” either in local contexts or their environments of origin (Phillips & Ochs, 2004, 780).

Realistic/practical. States are considered to have based their borrowing decisions on realistic or practical grounds when they adopt measures with

proven records of success within their contexts of origin, and which have undergone careful scrutiny and assessment of their “immediate implementational feasibility” elsewhere (Phillips & Ochs, 2004, 780). Implementation has thus been “anticipated and judged to be both possible and desirable” (Phillips, 2004, 58), and states are deemed to have made exhaustive analysis of the local utility of the policy or practice in question.

‘Phony’. Borrowing decisions made for “immediate political effect” – with no serious consideration of follow-through or genuine political support – are categorised by Phillips & Ochs (2004, 780) as ‘phony’. Phony decisions are particularly likely to arise following international conferences, foreign tours or official state visits, from which education ministers often return carrying “policy baggage” from abroad (Phillips & Ochs, 2003, 455). Although ideas and practices observed elsewhere may have some degree of “instant appeal” for the electorate (Phillips & Ochs, 2003, 455), they are unlikely to be paid more than enthusiastic short-term lip-service by government officials (Phillips, 2004, 57). Phony decisions are not accompanied by sufficient political will or adequate resources for implementation, and have no realistic likelihood of introduction into the ‘home system’ of the borrower (Phillips & Ochs, 2003).

‘Quick fix’. Borrowing decisions made primarily on the basis of political expediency and necessity are categorised by Phillips & Ochs (2004) as ‘quick fixes’. Quick fix decisions are generally made by states facing deep internal crisis, who find the adoption of foreign models likely to satisfy – albeit temporarily – hostile public opinion. Insufficient regard is often paid to the ability of borrowed policies to address local needs and conditions, and the basic infrastructure needed to successfully implement reforms is generally not in place.

States are particularly likely to embrace ‘phony’ and ‘quick fix’ decisions when short-term appearances and pressures directly impact long-term political legitimacy (Steiner-Khamsi, 2004). Halpin & Troyna (1995, 307-308) point to

instances in which elected officials have clearly indicated more interest in a policy's *symbolism* than in its actual details, noting "the particulars of education policy are often less significant than their role in political discourse". They claim that borrowing decisions are rarely tied to the success, however defined, of educational models in their country (or countries) of origin, and are more likely made to legitimise other related policies in times of political unrest (Halpin & Troyna, 1995). Borrowed policies too may "feed off and gain legitimacy" from the derision and demolition of unpopular policies of the past (Ball, 1998, 124), although a singular focus on legitimation, in the absence of more substantive considerations, may potentially produce disastrous educational consequences well into the future.

Stage 3 – *Implementation*

The third stage of policy borrowing, *implementation*, involves the adaptation of a foreign educational model to the national system of the recipient. The speed of implementation is dependent on "the adaptability of particular policy measures" (Phillips & Ochs, 2003, 456), on "the accommodating potential of the new context" (Phillips, 2004, 58), and on the cooperation or resistance of significant local and national stakeholders. Implementation may be significantly delayed by the need for major systemic reconstruction, including the modernisation of facilities, textbook and resource revision, initial and in-service teacher training, and changes in assessment procedures and accreditation guidelines (Phillips & Ochs, 2003). The behaviour of significant actors – identified as "people (or institutions) with the power to support or resist change" (Phillips & Ochs, 2004, 780) – also has direct effect on the speed and degree of implementation. Government ministers, local education authorities, school boards and head teachers have considerable influence over whether reforms are adopted in a timely manner, or whether conscious effort is made to delay or obstruct implementation indefinitely.

Stage 4 – *Internalisation/Indigenisation*

The fourth and final stage of borrowing, *internalisation/indigenisation*, occurs when policy is fully 'contextualised' in the educational environment of the recipient. It is possible within this stage to assess the effects of borrowing on "pre-

existing arrangements in education”, an assessment which Phillips & Ochs (2003, 2004) describe as a series of four steps:

1. *Impact on the existing system/modus operandi* – examination of the motives and objectives of policymakers, in conjunction with the existing education system;
2. *Absorption of external features* – investigation of the degree to which elements from foreign contexts are adopted and absorbed into the local system;
3. *Synthesis* – analysis of the process through which policy and practice become part of the nation’s overall educational strategy, what Cornoy & Rhoten (2002) describe as ‘re-contextualisation’; and
4. *Evaluation* – appraisal and reflection to determine whether expectations for reform have in fact been fully realised.

The outcome of this evaluation – whether the result of internal or external analysis – may inspire the borrowing process to begin anew. Indeed, foreign educational strategies and models are often pursued on multiple occasions as states identify newly perceived deficiencies in domestic systems (Phillips & Ochs, 2003; Phillips, 2004).

Phillips & Ochs’ framework is, of course, subject to the same conceptual limitations and methodological challenges plaguing most forms of educational policy research (see Taylor et al, 1997). As Christie (1997, 121) notes, the policy-making process as a whole is “fluid, dynamic and contestational”, unlikely to ‘fit’ neatly within the confines of any model, however comprehensive. Although models can theoretically serve as structures to facilitate discussion and debate, they can also “impede the investigation of complex issues by trapping an analysis within what appears to be a limited framework of possibilities” (Phillips & Ochs, 2004, 781). They can “appear immutable” and “mislead” – in this case, through “the injudicious use of arrows”⁵ (Phillips & Ochs, 2004, 781) – but are nonetheless, if properly

⁵ Phillips & Ochs (2004, 781) note that arrows are incorporated not to suggest causation but rather temporal linkage; a circular model is applied to demonstrate how internalisation/indigenisation is likely to produce a new status quo, “which in turn will be susceptible to impulses for further change”.

applied, highly useful tools of analysis. As noted by Dolowitz and Marsh (2000), placing policy borrowing in a broad conceptual framework can help researchers both examine the process and evaluate the ‘value added’ aspect of the concept. Phillips and Ochs acknowledge that their model is preliminary, and that questions of definition, assessment and analysis will inevitably necessitate adaptation and modification when applying the model to particular cases of policy borrowing.

Context and the ‘magistracy of influence’

Issues of context and influence are likely to play critically important roles in the process of policy borrowing. New educational orthodoxies compelled by the forces of globalisation are often mapped onto local contexts in “contingent, contested, inflected, and thus unpredictable ways” (Lingard, 2000, 102). Indeed, Ball (1997) suggests borrowed policies often interrupt and conflict with long-standing policies or indigenous traditions already in place. As acknowledged by Phillips and Ochs (2003), it is exceedingly difficult to compile an exhaustive list of contextual factors likely to facilitate or impede the borrowing process. Instead, they identify five contextual forces and forms of interaction, summarised as:

- contextual forces that affect the *motives* behind cross-national attraction
- contextual forces which act as a *catalyst* to spark cross-national inquiry
- ‘contextual interaction’ that affects the *stage* of policy development
- ‘contextual interaction’ that affects the policy development *process*
- ‘contextual interaction’ that affects the potential for policy *implementation* (Phillips & Ochs, 2003, 457)

Phillips and Ochs (2003) draw attention to the critical importance of acknowledging and analysing these forces in both the ‘home’ and ‘target’ countr[ies], and of examining the ways in which interaction between these countries enhances or delays the borrowing process.

The actors and organisations that influence policy borrowing are as important – if not more so – than the contextual factors which shape its realisation. In the era of globalisation, the power to make policies and set agendas – once the exclusive comport of elected officials and appointed government personnel – has increasingly

shifted from this elite group to a broader category of individuals, organisations and networks of influence:

Modern political decision making cannot adequately be understood by the exclusive focus on formal politico-institutional arrangements. Policies are formulated to an increasing degree in informal political infrastructures outside conventional channels such as legislative, executive and administrative organizations. Contemporary policy processes emerge from complex actor constellations and resource interdependencies ... decisions are often made in a highly decentralised and informal manner. (Kenis & Schneider, 1991, 27)

A prominent constellation of actors in the borrowing process is known as the ‘magistracy of influence’⁶ (Alves & Canário, 2002; Donn & Al-Manthri, 2010). The magistracy is a network of de-territorialised, trans-national policy actors, educational experts and professionals who traverse the globe setting agendas, defining problems and presenting policy solutions through the “non-coercive and discursive mechanisms” of so-called ‘soft’ governance⁷ (Donn & Al-Manthri, 2010, 150; see also Haas, 1990). Its members include ‘policy entrepreneurs’: paid representatives, consultants, advisors, ‘experts’ and statisticians from a host of national, transnational, multinational and supranational bodies, including governmental and non-governmental organisations, corporations, and a host of civil society groups⁸. What the magistracy lacks in official organisation it makes up for in the power and consistency of its message. Indeed, the “synergies and nuances of their discussions have tended to enforce a certain conception of the ‘legitimate’ framework for policy development” in education: namely, the need to build ever closer relationships between education, training and the labour market (Donn & Al-Manthri, 2010, 122). Research by Alves & Canário (2002) in Portugal, Donn & Al-Manthri (2010) in the Arab Gulf States, and Lawn & Lingard (2002) in the broader European policy

⁶ In the international relations and comparative public policy fields, the magistracy is often referred to as a ‘policy community’ (Sabatier, 1991), ‘epistemic community’ (Haas, 1992) or ‘trans-national advocacy coalition’ (Keck & Sikkink, 1997).

⁷ In the context of policy borrowing, methods of ‘soft’ governance include networking, conferences, seminars, consultations, symposia, advisory groups and publications.

⁸ The role of policy entrepreneurs in the borrowing process makes less clear the distinction previously drawn between voluntary and coercive transfer (Stone, 2001). A consultant ‘hired’ by a government or working ‘independently’ might nonetheless ‘force’, for example, a uniform model of market reform upon a developing nation; in this scenario, elements of both voluntary and coercive transfer are present (Stone, 2001).

community confirms the magistracy is strongly implicated in promoting the semantics of modernisation and marketisation in education on a truly global scale (Amos et al, 2002).

Its critics question, however, the authenticity of its modernising mission. They charge the magistracy with actively selling *outdated* systems of institutional arrangements and curricular models produced, tested, and often abandoned in their contexts of origin. They describe these goods and services as a ‘baroque arsenal’; originally coined by Mary Kaldor (1981), the term refers to the production and build-up of arms in one nation – later to be sold (at a profit) to another nation for use in conflict – despite the seller’s knowledge that the weapon’s obsolete technology makes it virtually useless on the battlefield. Donn & Al-Manthri (2010; 2012) draw parallels between this practice and the magistracy’s highly profitable sale of outdated educational models and materials, suggesting its activities reduce – even negate – the possibility for true innovation and reform in the countries in which it operates.

1.5 Borrowing in Health Education Policy

While policy borrowing and magisterial ‘support’ have been thoroughly analysed in the context of skills acquisition (Cross, Mungadi & Rouhani, 2002; Chisholm, 2003), high-stakes testing (Lingard, 2010), curricular convergence (Waitzberg, 2007), and human capital optimisation (Donn & Al-Manthri, 2010; Barnowe-Meyer, 2012a), few studies have analysed borrowing in the context of *health* education. This thesis attempts to fill this gap in the literature by providing a detailed case study of the borrowing relationship forged between the United States and Uganda for the purpose of adopting a controversial model of abstinence education as the latter nation’s primary HIV/AIDS prevention strategy. The study relies upon the GSAE approach and the following research questions – inspired by those of Dale (2000), referenced above – to explore the details and implications of Uganda’s efforts to borrow an American version of sexual health education based on abstinence-until-marriage:

1. In Uganda's efforts to prevent HIV/AIDS through abstinence-until-marriage education, who gets taught what, how, by whom, and under what conditions and circumstances?
2. How, by whom, and with what relations to other sectors and through what structures, institutions, and processes is abstinence-until-marriage education defined, governed, organised, and managed in Uganda?
3. To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

The following chapters are devoted to answering these questions in depth. Chapter Two briefly recounts the history of both HIV/AIDS prevention in Uganda and abstinence education in the United States. Through Phillips and Ochs' analytical framework for policy borrowing, Chapter Three explores Uganda's complex borrowing relationship with the United States, and the role of magisterial actors – and others – in the borrowing process.

CHAPTER TWO

History of HIV/AIDS Prevention in Uganda, 1986-2004

2.1 Introduction

As noted in the Introduction to this thesis, the East African nation of Uganda is regarded by many AIDS researchers and public health experts as one of the world's most compelling success stories in the fight against HIV/AIDS (Barnett & Parkhurst, 2005; Slutkin et al, 2006). Uganda experienced an unprecedented and unparalleled reduction in adult HIV prevalence from approximately 15% in 1992 to 6% in 2002 (Cohen & Tate, 2005). The nation's impressive rate decline is often attributed to a comprehensive educational intervention stressing the 'ABCs' of sexual health – **A**bstain, **B**e faithful, use **C**ondoms – implemented as part of an intensive behaviour change campaign of the late 1980s and 1990s. After 14 years of utilising this approach to much-heralded success, however, the Ugandan government abruptly abandoned it in 2004, shifting its rhetorical support and educational policies in favour of abstinence and faithfulness only, denigrating condoms and discouraging their use for all unmarried Ugandans. The introduction of two educational policies in 2004 – the *Uganda National Abstinence and Being Faithful Policy* and the *Presidential Initiative on AIDS Strategy for Communication to Youth* (PIASCY) – signalled the end of the ABC era in Uganda and the beginning of a national strategy representing pre-marital abstinence as the nation's best hope in the fight against HIV/AIDS.

Before analysing this abrupt change in course – and the remarkable borrowing relationship forged between Uganda and the United States of America – the following chapter offers comprehensive background information on Uganda's troubled history, the 'ABC' approach to HIV prevention, and the American model of abstinence education.

2.2 Uganda at a glance

The Republic of Uganda is an equatorial nation situated in the greater Horn of Africa between Kenya, Tanzania, South Sudan, Rwanda and the Democratic Republic of the Congo (DRC) [see Figure 2]. The nation's nearly 34 million citizens belong to a diverse collection of ethnic groups, including the Baganda (16.9%), Banyakole (9.5%) and Basoga (8.4%), as well as dozens of others individually constituting less than five percent of the total population (U.S. Central Intelligence Agency [CIA], 2012). Most Ugandans are members of Christian denominations (42% Protestant, 42% Roman Catholic), while the remainder are practitioners of Islam and other indigenous faiths (CIA, 2012). Nearly 90% of Ugandans live in rural, agricultural communities, largely in conditions of abject poverty⁹ (Tumushabe, 2006; UNESCO, 2011). The nation's wealthiest people are concentrated in the capital city of Kampala.



Figure 2. Map of Uganda
(Source: CIA, 2010)

⁹ Nearly 76% of the Ugandan population subsists on less than US\$2 per day (Tumushabe, 2006; UNESCO, 2011).

Political authority is vested primarily in the office of the President, who serves as both head of state and commander of the armed forces. Other branches of government include a popularly elected, unicameral national Parliament and a presidentially-appointed Supreme Court. Despite reporting a gross domestic product (GDP) of US\$16.8 billion in 2011 (World Bank, 2012), the Ugandan government remains heavily reliant upon the international community for both budget support and debt relief. Indeed, the combined resources of the World Bank and IMF reportedly account for the entirety of the nation's development budget and most of the budget for recurrent expenditures (Tumushabe, 2006). Financial and technical assistance are furnished by a number of bilateral and unilateral aid organisations; vital development sectors – including education, housing and health care – are primarily supported by non-governmental organisations (NGOs).

Over 70% of the Ugandan population is under the age of 24 – 50% under the age of 14 – and the population grows at an astounding annual rate of 3.58% (Sexuality Information and Education Council of the United States [SIECUS], 2005; CIA, 2012). The government committed to universal primary education (UPE) in 1997, and by 2007 net enrolment rates (NERs) had reached 95% (UNESCO, 2010). This impressive achievement masks difficult challenges, however. While NERs and gender parity indices suggest more Ugandan children than ever before are entering school, only 32% complete all six years of primary education; of these, only 61% continue their schooling in secondary institutions (UNESCO, 2011).

Violent conflict and pandemic disease are constant sources of social disturbance, economic disruption, and personal suffering for the Ugandan people. Interminable warfare between the rebel forces of the Lord's Resistance Army (LRA) and the Uganda People's Defence Force (UPDF) has consumed much of northern Uganda since the mid-1980s, creating a humanitarian crisis of immense proportions (Dagne, 2010). Nearly 1.5 million Ugandans have been displaced as a result of violent conflict; tragically, more than 20,000 children have also been abducted and forced into servitude as child soldiers (Dagne, 2010). Outbreaks of infectious disease – particularly malaria and tuberculosis – are significant burdens upon the population. It is the AIDS epidemic, however, that has attracted much of the world's attention to

Uganda. Today, HIV prevalence in the adult population is an estimated 7.3% (Kron, 2012; Mwesigye, 2012), an increase of approximately 1% from 2004/2005 (Uganda AIDS Commission [UAC], 2012). With an average of 13 Ugandans contracting the virus every hour (Inside Africa, 2010), nearly 1 million of the nation's adults are currently HIV-positive (UAC, 2012). While approximately one in five Ugandan children has been orphaned by the disease (or identified as 'vulnerable'), an estimated 150,000 are themselves infected (UAC, 2012). The government's response to the AIDS epidemic – particularly its development and implementation of educational behaviour change interventions – is the subject of later sections and chapters.

2.3 History of Uganda – Colonial period to 1986

Colonial exploitation, ruthless native authoritarian rule, and protracted periods of violent conflict have profoundly devastated the nation and its people for the majority of the last century and beyond. The colonial period began in the late 19th-century when English explorers, eager to stake claim to the strategically vital source of the Nile River at Lake Victoria, declared the territory of present-day Uganda a protectorate of the British Crown. The majority of the territory's inhabitants – members of the prosperous and powerful African Kingdom of Buganda – attempted to expel their colonial occupiers in 1897. Failing to do so, the Baganda found it prudent to negotiate a political alliance with the British instead. The alliance proved advantageous, if unequally so, for both parties; Buganda remained a self-governing entity within the protectorate, while the British harnessed the existing political infrastructure and power dynamics of the kingdom for administrative purposes, tax collection needs, and military manpower (Klugman, Neyapti & Stewart, 1999). The majority of industrial and agricultural development within the colony occurred on Buganda territory with the assistance of Baganda labour, breeding contempt and anger among the colony's numerous other ethnic groups who deeply resented the preferential treatment afforded to their long-time nemesis. This animosity, according to Okuku (2002) and Klugman et al (1999), was perhaps the most enduring and damaging legacy of British colonial rule in Uganda, as disparate

ethnic groups and geographic regions never established a sense of nationhood or solidarity during the entirety of the occupation.

Prior to the 1950s, few economic opportunities were made available to the indigenous population beyond peasant agriculture and petty trade (Klugman et al, 1999). Immigrants from British colonies in Southeast Asia dominated the majority of business enterprises, and only the Baganda were offered prestigious positions of employment within the colonial government (Klugman et al, 1999). Although African farmers found a measure of success with cotton crops, one of the colony's major exports, strict British price controls and prohibitions on cotton ginning made production difficult and stagnated profits (Kakande, 2007). These economic restrictions and an assortment of other social and political grievances inspired a series of riots by African colonists in 1949. The welfare of the native population began to improve, however, with the appointment of Sir Andrew Cohen as Colonial Governor in 1952. Cohen, whose chief "preoccupation was to give Africans a greater say in the management of their own affairs" (Okoth, 2006, 65), immediately removed the restrictions on cotton farming, permitted the formation of political parties, and expanded the colonial legislative council to include previously unrepresented regions and ethnic groups (Okuku, 2002; Okoth, 2006).

These reforms deeply unsettled the Baganda, as their monopoly on good relations with the British began to fade (Okoth, 2006). Elections held in 1958 for a national legislative body quickly convinced the Baganda of the need to form an electoral alliance, or risk dissolution of the kingdom at the hands of anti-Buganda political parties. A coalition was formed between the Uganda People's Congress (UPC), led by Apolo Milton Obote, and the Baganda Kabaka Yekka party, led by Kabaka (King) Edward Mutesa II. The British, whose strategic interest in retaining the colony had all but vanished by the early 1960s, granted independence to Uganda on 9 October 1962.

Nearly 70 years of colonial rule thus came to a relatively peaceful end, ushering in a new era of self-governance – and sadly, violence and tyranny – for the Ugandan people. Pre-independence elections held in April 1962 had resulted in a

victory for the UPC-Kabaka Yekka coalition. Obote was named the Prime Minister, and Kabaka Mutesa II became the ceremonial President of the new Republic of Uganda. By 1966, however, the consolidated government was deeply fractured by internal power struggles and increasingly impassioned Baganda threats of secession. On 24 February 1966, Obote pre-emptively struck against the secessionist factions, announcing the immediate suspension of the 1962 constitution, the complete revocation of the President's powers, and his personal appropriation of government control in the proclaimed "interest of national unity" (Mutibwa, 1992, 39). Kabaka Mutesa II called upon the Baganda to fight Obote's usurpation of power, but his fledgling forces were easily overpowered by government troops under the command of Obote's military protégé, Major-General Idi Amin. As the Buganda kabaka fled into exile and the populace was driven into submission by the threat of military force, Obote quickly established himself as Uganda's sole political authority.

Obote's totalitarian reign was heavily criticised as "a military regime in civilian attire" (Kasozi, 1994, 105); he was detested by the Baganda for his brutal treatment of political dissidents, and by others for his corrupt, dictatorial administration of the country (Kasozi, 1994). Major-General Amin, his relationship with Obote strained over professional disagreements, became increasingly desirous of more political power than he then possessed as commander of the Ugandan army. Capitalising upon Obote's unpopularity with both the citizenry and the armed forces, Amin launched a successful coup against his former patron in 1971.

Although Ugandans were optimistic for a more prosperous and peaceful nation following the collapse of Obote's regime, their hopes were quickly dashed by the appalling violence and unmitigated destruction of Amin's despotic eight-year rule. In February 1971, Amin declared himself President, dissolved the Parliament, and immediately suspended the rule of law in favour of a military state under his authority. Constitutional provisions protecting the civil and political rights of Ugandan citizens were revoked, and a ferocious reign of terror directed at military opponents, political dissidents and ethnic minorities was launched. Amin directed murder squads to eradicate "anyone at all connected to Obote or the British", the list of victims including educators, judges, journalists, doctors, and members of the

clergy (Halpern, 2007, 69). He accused the nation's Asian population of "sabotaging the economy" (Halpern, 2007, 69), and expelled the Indian population in its entirety by presidential decree in 1972. Hundreds of thousands of Ugandans fled the country in fear of their murderous tyrant; an estimated 300,000 more lost their lives as a result of violence perpetrated by his regime (CIA, 2010).

Guerrilla forces in opposition to Amin grew in number and strength throughout the 1970s, launching a protracted insurgency against government troops from rebel outposts located in the Ugandan borderlands. As retribution for allegedly providing arms and sanctuary to both Obote and rebel leader Yoweri Museveni, Amin invaded northern Tanzania in 1978. The response from Tanzanian President Julius Nyerere was swift and deadly; with the assistance of both guerrilla forces and Ugandan citizens, Tanzanian troops counter-attacked and deposed Amin in April 1979.

Despite the victory of the guerrilla campaign, tremendous obstacles confronted the Ugandan people in its wake. In the course of the conflict, violence and vandalism were widespread; as a result, countless homes, schools, and businesses were looted and razed, and valuable crops and agricultural assets stolen and destroyed (Kasozi, 1994). From 1979 to 1986, the weary population was subjected "to the inept rule of five separate governments", none of which were elected democratically (Kasozi, 1994, 128). All were instituted by the army and maintained authority only by threat of military force, and none established control over the increasingly violent elements of Ugandan society (Kasozi, 1994). Milton Obote returned to power in 1980 following intensely disputed presidential elections marred by violence and accusations of misconduct and fraud (Kasozi, 1994). Guerrilla activity intensified upon his return, and civil war erupted in 1981. Civilian lives were not spared, and hundreds of thousands of Ugandan men, women and children were abducted, imprisoned, tortured, and massacred in the five-year conflict that came to be known as the Ugandan Bush War (Kasozi, 1994).

From 1981 to 1985, the guerrilla forces of Yoweri Museveni's National Resistance Movement (NRM) clashed with government troops in a futile effort to

expel the unpopular Obote. The president's downfall came instead as a result of a mutiny hatched amongst his own military advisors, and army commander Tito Okelle succeeded Obote in 1985. Although well-liked by military personnel, Okelle was an unskilled politician; the charismatic Museveni – a hero of the resistance – seized upon the NRM's popular support to stake claim to the unstable government. On 25 January 1986, Museveni ousted Okelle and assumed the power of the Ugandan presidency.

AIDS appears in Uganda

In the midst of the early violent battles of the civil war, a silent killer arrived on the shores of Lake Victoria in the southern Ugandan district of Rakai. The nation's first documented AIDS infection, possibly originating in Tanzania or the DRC (then Zaire), appeared here in the fishing village of Kasensero in November 1982, sparking a deadly epidemic that to date has taken the lives of nearly 2 million Ugandans. The Obote government, otherwise preoccupied with the guerrilla insurgency, failed to reassure the frightened population of a swift and vigorous response to the burgeoning plague. Communities inundated with new cases believed the illness resulted from an outbreak of witchcraft, employing superstitious 'folk remedies'¹⁰ in the hope of preventing further infection (UAC, 2006). The disease spread rapidly, its virulence exacerbated by misinformation and myth, as well as "social dislocation and insecurity related to economic crisis and war" (Tumushabe, 2006, 1).

The scope and nature of the Ugandan epidemic in its early stages is largely speculative, as the government lacked the monitoring and surveillance systems necessary to adequately collect and analyse data until the late 1980s (Blum, 2004; Gray, Serwadda, Kigozi, Nalugoda & Wawer, 2006). The Obote government's lacklustre response to the early appearance of the disease was costly, both in terms of lives lost and opportunities squandered to aggressively combat its proliferation. By the time Obote was expelled from power for the second time in 1985, the epidemic

¹⁰ These remedies included so-called 'virgin cleansing', the practice of engaging in sexual intercourse with a virgin based on the belief that AIDS can be 'cleansed' from the body of an infected individual by sexual transference of the disease to an uninfected person (Groce & Trasi, 2004).

had ravaged Rakai, the nearby districts of Mbarara and Masaka, and was moving steadily northward through major urban centres including the capital. In 1986, the growing public health crisis landed squarely at the feet of the new and untested President, Yoweri Museveni.

2.4 HIV/AIDS Prevention in Uganda: 1986-2004

Prompted by disturbing accounts of the epidemic's virulence and a rapidly growing number of Ugandans reporting symptoms of infection, President Museveni wasted little time responding to the crisis (Okware, 1987). Declaring it the "patriotic duty" of all Ugandan citizens to fight the spread of the disease "from the village level to the State House" (Green, Halperin, Nantulya & Hogle, 2006, 338), he encouraged candid discussion and open public debate on any and every aspect of the epidemic (Green et al, 2006; Tumushabe, 2006). The new NRM government immediately assembled a National Committee for the Prevention of AIDS (NCPA), composed of political leaders, physicians, academics, church officials, and advisors from the World Health Organisation (WHO). In October 1986, the committee announced the development of an ambitious and comprehensive response plan known as the National AIDS Control Programme (NACP). While national response plans were commonplace in sub-Saharan Africa during this critical period, the Ugandan programme was the first "in which the WHO worked with the concept of a *single* national plan and budget, which all donors would agree to use and fund to focus their respective aid" (Slutkin et al, 2006, 352).

Financed by US\$1.4 million in emergency grant assistance furnished by the WHO, the NACP's initial prevention efforts were launched by the Ministry of Health in late 1986 (Slutkin et al, 2006). The programme immediately established safeguards to ensure the integrity and security of the nation's blood supply, and imposed strict new guidelines on Ugandan hospitals and medical clinics regarding the proper sterilisation of surgical devices and transfusion equipment (Green et al, 2006; Tumushabe, 2006). In 1987 the NACP also established Uganda's first AIDS surveillance system, a data collection network consisting of sentinel outposts throughout the country intended to monitor the scope and intensity of the national

epidemic (Green et al, 2006). The primary strategy of the programme, however, was a large-scale, media-centred public education campaign designed to inform the population of the various modes of viral transmission and methods to prevent infection (Slutkin et al, 2006, 352). In an effort to dispel widespread myths and rumours, the NACP utilised television and radio announcements – believed to reach nearly 87% of the population – as well as newspapers, billboards, posters, pamphlets and flyers, to communicate factual prevention information and behaviour change strategies to the Ugandan people (Green et al, 2006; Slutkin et al, 2006). In addition to the intensive media campaign, the NACP also mobilised district-level, community-based ‘resistance committees’ (Slutkin et al, 2006). Composed of health educators, community development workers and members of local NGOs, the resistance committees conducted door-to-door health screenings and face-to-face informational meetings in rural communities largely untouched by the government’s media campaign (Slutkin et al, 2006). The committees provided the government with an additional platform from which to promote its behaviour change messages – discussed in detail below – and opened personal communication networks for acquiring and sharing knowledge of HIV and AIDS (Green et al, 2006).

Schools were a particularly critical battleground in Uganda’s early war on AIDS. As noted previously, young people constitute by far the largest proportion of the national population; in the mid-1980s Ugandan youth represented a vital “window of hope” for stopping the spread of the epidemic (UAC, 2003). With the assistance of UNICEF, in 1987 the NACP established the School Health Education Programme, or SHEP. Under the programme’s guidelines, students in primary and secondary schools were required to complete 10 units of health and science education “with an emphasis on HIV/AIDS” (Human Rights Watch [HRW], 2005, 30). Teachers and peer educators were trained “to integrate HIV education and sexual behaviour change messages” into the school curriculum (Green et al, 2006, 339), and encouraged to empower boys and girls “to be self-confident decision-makers with the ability to delay sexual debut, negotiate safe sex, and to become responsible citizens” (HRW, 2005, 30). Through SHEP, students were urged to delay sex, limit their sexual relationships to a single partner, and to correctly and consistently use condoms. Life skills education (LSE) programmes were also

introduced in primary and secondary schools in 1987; in these programmes, Ugandan youth were trained in skills such as “self-awareness and self-esteem, problem-solving, effective communications, decision-making, negotiating sex or not having sex, resisting peer pressure, critically thinking, formation of friendships, and empathy” (U.S. Congress, 2003, 33).

In December 1988, the government launched a review process to evaluate the “accomplishments, adequacy, relevance, progress and effectiveness” of the NACP (Slutkin et al, 2006, 353). The review committee recommended an immediate acceleration and intensification of the media campaign, an expansion of the district mobilisation programme, and an increase in the production and distribution of public education materials (Slutkin et al, 2006). Messages promoting sexual restraint and faithfulness, condom use, and voluntary HIV testing and counselling were broadcast to the population at every available opportunity, particularly at large-scale public gatherings such as political rallies, sporting events, theatre productions and music concerts (Slutkin et al, 2006; Tumushabe, 2006). Religious leaders from Catholic, Protestant and Muslim congregations preached to their flocks “the gospel according to AIDS” (Okware, 1987), urging fidelity and abstinence, discouraging stigmatisation, and encouraging care and compassion for those most acutely affected by the disease (Tumushabe, 2006). The NACP’s primary mission was to utilise multiple messengers and a variety of communication channels to create “a critical mass of persons who knew the facts” (Slutkin et al, 2006, 356), and to motivate the population to accept the type of widespread behaviour change necessary to limit the scope of the epidemic.

In 1992, the Ugandan parliament expanded the government’s prevention programme and improved its management and oversight capability with the establishment of the Uganda AIDS Commission (UAC). Composed of government leaders, people living with HIV/AIDS, and individuals selected for service based upon their “outstanding expertise and commitment” in the fight against the disease (UAC, 2006), the Commission quickly assumed primary responsibility for coordinating Uganda’s national AIDS response. The UAC was directed by the President to develop and implement all government policies and guidelines

pertaining to HIV/AIDS, to integrate and harmonise local and national prevention efforts, and to closely monitor the allocation and delivery of AIDS-related funds and services (UAC, 2006; Tumushabe, 2006). In 1993, the UAC introduced the *Multi-Sectoral Approach to AIDS Control*, a strategy document intended to expand the NACP's activities beyond the confines of the Ministry of Health to include public and private sector organisations previously demonstrating an “inadequate response” to the epidemic (UAC, 1993). In 1994 and 1995, additional NACP units were established in the Ministries of Education, Agriculture, Justice, Finance and Local Government. This expansion was made possible by significant financial and technical assistance furnished by the World Bank, the WHO, the United States Agency for International Development (USAID), the UK's Department for International Development (DFID) and the UNAIDS Secretariat.

Uganda's behaviour change campaign

From the mid-1980s to 2003, messages promoting behaviour change and encouraging responsible sexual conduct were undoubtedly the primary focus of the Ugandan AIDS prevention effort. According to Slutkin et al (2006, 356), “all options, including delaying sex, not engaging in sex, sticking to one partner, and to a lesser extent, using condoms” were incorporated into the national behaviour change campaign. It is important to note, however, that not all options were pursued with the same intensity or met with equal enthusiasm. While delaying sex and refraining from sexual activity were presented by the Ministry of Health as viable prevention options, “the word abstinence per se was rarely if ever heard in Ministry conversations”, and “was not specifically promoted on any posters, billboards or leaflets” of the national campaign (Slutkin et al, 2006, 356). In a 1991 NACP survey, an overwhelming majority of respondents – approximately 85% – noted that abstinence “was not a practical prevention strategy or behavioural option for any or all members of their community” (Slutkin et al, 2006, 357). Although abstinence would later become the focal point of the national AIDS prevention strategy, it is noteworthy that few Ugandan men and women readily accepted or deliberately practiced it throughout the 1980s and 1990s.

Condoms, like abstinence, were not quickly or enthusiastically embraced by either the Ugandan government or population. President Museveni, a devout born-again Christian, was initially unwilling to commit his personal support to the development of a nationwide condom distribution system, and influential leaders of all the nation's major religious denominations strongly criticised their promotion and use (Kaleeba, Namulondo, Kalinki & Williams, 2000). Only 1% of Ugandan women in 1989 reported ever having used a condom, and condom acceptance among the total population in 1990 was a mere 4% (Tumushabe, 2006). With mounting pressure from the international community, however, in 1990 the government somewhat reluctantly began promoting condoms as a component of the national prevention strategy; with the assistance of the WHO, it also began to import and distribute the device to the Ugandan public (Evertz, 2010). Throughout the 1990s, pro-condom slogans such as "No Glove, No Love" frequently appeared on billboards and in television and radio announcements. By 1992 public acceptance had increased to over 40% (Evertz, 2010; Tumushabe, 2006). Although the number of condoms publicly circulated in 1992 – 1.5 million – was relatively small, distribution increased significantly to nearly 10 million by 1996 (Evertz, 2010). With increased availability came increased government acceptance, and throughout the 1990s "correct information on condom use" was officially incorporated into the nation's AIDS prevention strategy (Evertz, 2010, 24).

The dominant behaviour change message of the Ugandan campaign, however, was strict adherence to sexual fidelity and monogamy in both dating and marital relationships (Green et al, 2006; Slutkin et al, 2005). While the term 'fidelity' was rarely used, the underlying message gained widespread recognition and popular appeal in the mid-1980s following the introduction of the phrase 'zero grazing' into the Ugandan lexicon (Slutkin et al, 2006). An allusion to "the traditional way cattle were fenced in ... to limit grazing" to a single pasture (Slutkin et al, 2006, 356), the phrase encouraged Ugandan men and women to likewise limit their sexual activity to a single, faithful, sero-negative partnership (Slutkin et al, 2006). The metaphor resonated deeply with the largely rural, agrarian population, and quickly became one of the most prominent elements of the national media campaign. Billboards emblazoned with the popular phrase dotted the Ugandan

landscape, and appeals to “love carefully” and “love faithfully” inundated radio and television audiences throughout the 1980s and 1990s (Slutkin et al, 2006).

In the late 1990s, USAID nicknamed the Ugandan strategy outlined above the ‘ABC’ approach to AIDS prevention. A reference to the three key behaviour change messages promoted in the national campaign – **A**bstinence from sexual activity, **B**eing faithful to one’s partner, and using **C**ondoms – this “alphabetical sound-bite” quickly became a popular catchphrase in the discourse surrounding Uganda’s AIDS prevention efforts (Cohen & Tate, 2005, 177). Although it refers to *Uganda’s* approach to behaviour change, the term is “a uniquely American invention” (Cohen & Tate, 2005, 177), and was rarely used in Uganda prior to USAID’s major intervention in the national prevention effort in the early 2000s (HRW, 2005).

Changes in sexual behaviour

The government’s media blitz and district mobilisation efforts from the late 1980s to mid-1990s do appear to have made a largely positive impact on the population’s approach to high-risk sexual behaviour. By 1995, a significantly higher number of young Ugandans were reportedly choosing to abstain from sexual activity than had chosen to do so in the late 1980s (Slutkin et al, 2006). The number of Ugandan boys aged 15-19 reporting abstinence increased from 31% in 1989 to 56% in 1995, and the number of girls reporting the same increased from 26% to 46% (Slutkin et al, 2006). The use of condoms among unmarried men and women increased from less than 1% in the late 1980s to over 15% in the mid-1990s, with young people reporting considerably higher use rates than their older counterparts (Slutkin et al, 2006). A longitudinal study conducted by the WHO’s Global Program on AIDS (GPA) found a sharp decline in the number of adult males reporting three or more non-regular sexual partners between 1989 and 1995 (Green et al, 2006). During this time period, the number of adults reporting casual sexual relationships fell from 35% for men and 16% for women to 15% and 6%, respectively (Green et al, 2006).

As HIV prevalence rates in many other parts of the world rose dramatically throughout the 1990s, Ugandan rates began a rapid and extraordinary decline. Surveillance data suggests adult prevalence in Uganda peaked between 12 and 16% in the early 1990s, indicating a national epidemic similar in scope to that of many other nation-states in sub-Saharan Africa at that time (Allen, 2006). However, as rates continued to increase on the rest of the continent throughout the 1990s, Ugandan rates fell sharply to between 7 and 9% by the year 2001 [see Figure 3] (UNAIDS, 2008b). Prevalence rates continued to decrease well into the first decade of the 21st century, and were estimated to be as low as 6% in 2004/2005 (Uganda Ministry of Health, 2006). Based upon this reported drop in prevalence, Uganda is considered by many to be “one of the world’s earliest and most compelling national success stories in combating the spread of HIV” (Green et al, 2006, 336).

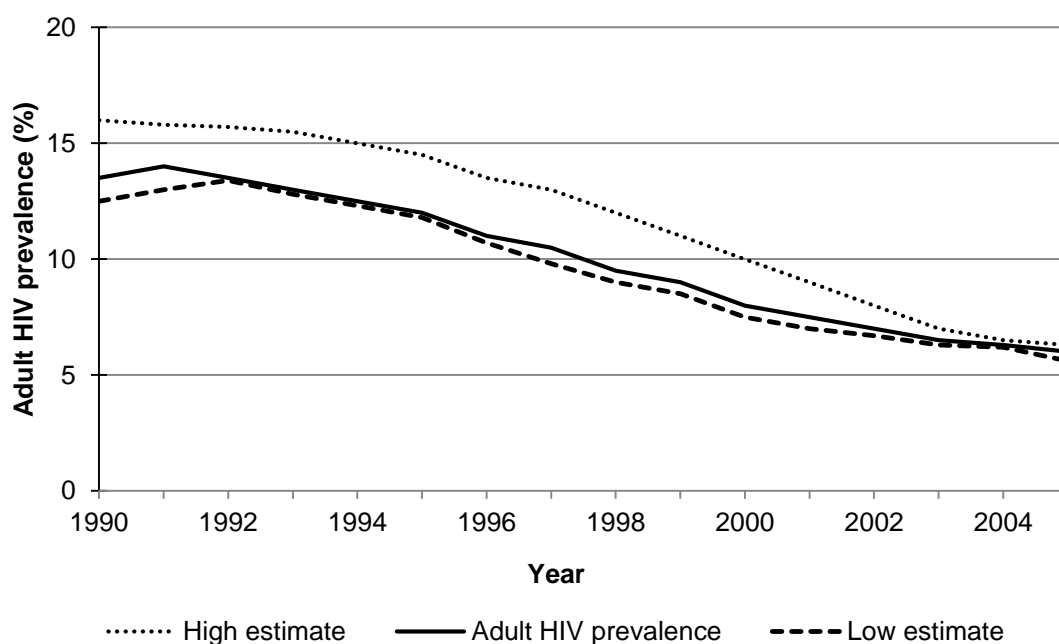


Figure 3. Estimated HIV prevalence (adults aged 15-49), Uganda, 1990-2005.
(Source: UNAIDS, 2008; Barnowe-Meyer, 2012b)

Public health experts heralded Uganda’s behaviour change campaign as testament to the strength of an intensive, comprehensive AIDS prevention strategy. Barnett & Parkhurst (2005, 591) note “the multiplicity of messages and the enabling environment created by the Ugandan government ... may have set the country apart”,

while Slutkin et al (2006, 358) remark that “full information about all means of transmission and ways of protection ... [were] demonstrated to be the most effective approach to sexual behavior change”. Particular praise was given to the so-called ABC approach to HIV prevention, and the way in which *all* behaviour change messages were incorporated into the campaign for the benefit of Uganda’s diverse population (Hogle, 2002):

The answer to prevention is not A or B or C. It lies in understanding that A and B and C in varying proportions and with different emphases may be required in response to complex life situations. (Barnett & Parkhurst, 2005, 592)

In spite of this acclaim, the Ugandan government abruptly abandoned its comprehensive approach to HIV prevention in 2004. The practice of encouraging condom use for *all* segments of the population – including sexually active adolescents and young adults – was cast off in favor of educational policies and public rhetoric emphasising strict abstinence until marriage. Two such policies – the *Uganda National Abstinence and Being Faithful Policy* and the *Presidential Initiative on AIDS Strategy for Communication to Youth* – radically transformed the way adolescents and young adults receive information about the virus and learn about viable prevention methods as part of the Ugandan school curriculum. Under the policies, the Ugandan government adopted a model of abstinence education popularised in the United States but entirely untested as an HIV/AIDS intervention. In an effort to better understand the government’s motivation in adopting abstinence education, the following section briefly explores how this prevention model has been conceptualised, implemented, and evaluated in its country of origin.

2.5 Abstinence Education in the United States

Abstinence education in the modern era was launched in the United States with the passage of the Adolescent Family Life Act (AFLA) in 1981. The legislation’s primary goal was to provide federal grant assistance to organisations and educational programmes “steeped in ‘traditional family values’” (Saul, 1998, 5), and declaring as their exclusive purpose the promotion of adolescent “chastity and

self-discipline” until marriage (Evertz, 2010, 7). The AFLA was notably not intended to reduce the number of adolescents contracting sexually transmitted diseases; rather, the act was designed to counteract what conservative policymakers viewed as “a national ‘contraceptive mentality’” and a perceived government funding bias toward family planning providers and sexual health educators allegedly promoting teen sexual activity and abortion (Saul, 1998, 5). Controversially, the act was “quietly shepherded” through the legislative process with no public hearings and no open floor votes in either house of Congress; instead, the bill was surreptitiously signed into law by President Ronald Reagan as one of hundreds of attached amendments to a budget reconciliation act in 1981 (Saul, 1998, 5).

The AFLA was quickly met with public outcry as the majority of its initial grants were awarded to conservative faith-based organisations (FBOs), some of which immediately used the funds to develop or expand programmes that “explicitly promoted religious values” (Evertz, 2010, 7). The groups used AFLA funds to “develop the first generation of so-called fear-based curricula”, those which rely upon scare tactics to promote abstinence-until-marriage and provide often misleading information about alternative contraception and disease prevention methods (Saul, 1998, 10). These curricula outraged a number of organisations advocating religious freedom and tolerance in America (Saul, 1998, 10). In 1983 the American Civil Liberties Union filed suit against the federal government, declaring the AFLA a flagrant violation of the constitutional clause stipulating a separation of church and state. In 1995, after 12 years of legal wrangling, the government agreed to place conditions upon the allocation of AFLA funds to faith-based organisations (FBOs) (Saul, 1998). As Evertz (2010, 7) notes, however, “the groundwork had been laid for future legislation that promoted religious values” within the educational domain.

A new abstinence education policy emerged in the United States with the passage of the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (PRWORA). The Act established an eight-part definition of ‘abstinence-until-marriage education’ (AUME) [see Figure 4] – commonly referred to as the ‘A-H

criteria'¹¹ – clearly demonstrating the federal government’s preference for pre-marital abstinence as both a prevention strategy and a moral obligation. The Act declares “abstinence from sexual activity outside marriage the expected standard for school age children” and states that abstinence is “the only certain way” to avoid teenage pregnancy and STDs (United States Congress, 1996, Section 912). The Act further states that “a mutually monogamous relationship in [the] context of marriage is the expected standard of human sexual activity” and that activity outside this context “is likely to have harmful psychological and physical effects” (United States Congress, 1996, Section 912). Signed into law by President Bill Clinton, the new policy was “premised on the idea that out-of-wedlock pregnancy was the main driver of poverty in the United States” (Evertz, 2010, 7); the Act was therefore designed to establish a new funding stream for individual states to receive federal grant assistance in their efforts to address this issue through AUME (Evertz, 2010, 7).

¹¹ Based on the definition’s codification in sub-sections A-H of Section 510 of Title V of the Social Security Act.

“For purposes of this section, the term “abstinence education” means an educational or motivational program which—

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

Figure 4. Statutory requirements for abstinence-only education, United States, PRWORA.

(Source: U.S. Congress, 1996, Section 912)

In 2000, a new funding programme known as SPRANS – Special Projects of Regional and National Significance – was introduced with the intention of greatly expanding the promotion of AUME in the United States. Reminiscent of the AFLA, SPRANS permitted the federal government to bypass states entirely in its funding scheme and instead make grants “directly to community-based groups, including

faith-based ones” (Girard, 2004, 8). Congress appropriated US\$20 million for SPRANS-funded Community-Based Abstinence Education programmes in the year 2000, increasing funding significantly to US\$104 million in 2005 [see Figure 5] (U.S. House of Representatives, 2004). In spite of a 1997 UNAIDS report declaring condoms an effective method of birth control and disease prevention, SPRANS grant recipients were strictly prohibited from advocating their use or discussing alternative contraceptive methods “except to emphasize their failure rates” (Evertz, 2010, 7).

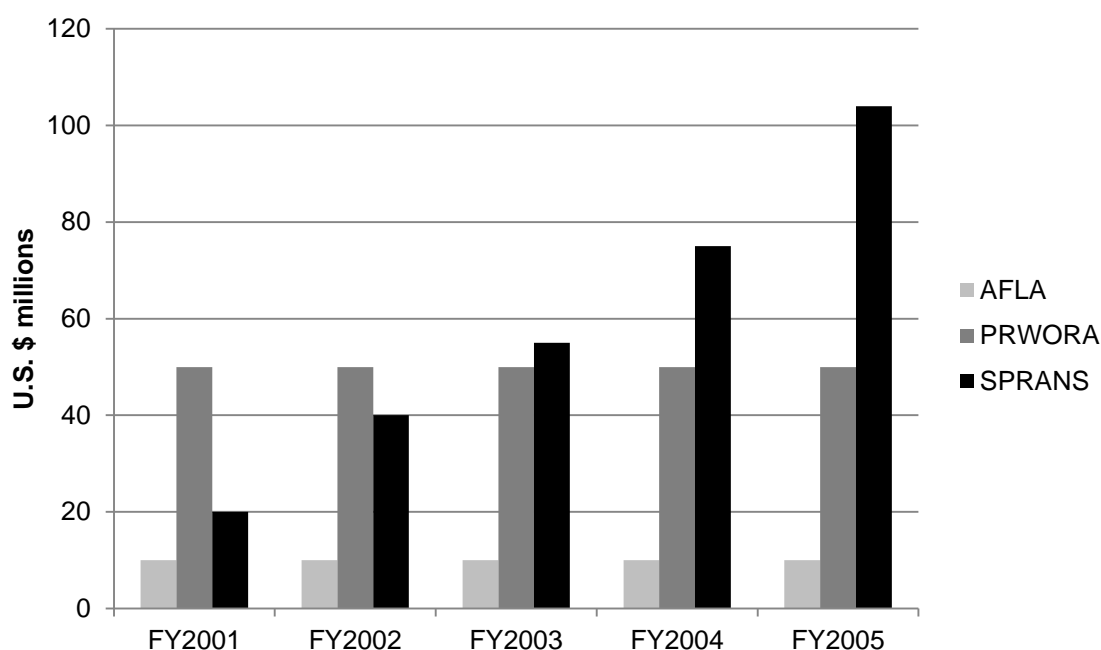


Figure 5. Federal expenditure on abstinence-only education, United States, 2001-2005. (Source: U.S. House of Representatives, 2004)

In 2003, a congressional inquiry was launched by Democratic Congressman Henry A. Waxman of California to investigate the government’s promotion of AUME programmes. Noting that “the federal government does not review or approve the accuracy of information” presented in such programmes, the investigation – the results of which were published in 2004 and entitled the ‘Waxman Report’ – carefully scrutinised the content of 13 of the nation’s most popular abstinence-only curricula (U.S. House of Representatives, 2004, 4). The report troublingly found that 80% of these curricula, used by over two-thirds of 2003 SPRANS grant recipients in 25 states, contained “false, misleading, or distorted

information” about disease prevention and reproductive health (U.S. House of Representatives, 2004, i). In spite of a WHO (2000) report noting the great unlikelihood of condom failure when the devices are used correctly and consistently, several curricula cited failure rates as high as 31%, a figure drawn from a 1993 study widely condemned by the Centers for Disease Control (CDC), the Food and Drug Administration, and the U.S. Department of Health and Human Services (U.S. House of Representatives, 2004, 8). One curriculum claimed “as condom usage has increased, so have rates of STDs” (U.S. House of Representatives, 2004, 10), contrary to a plethora of scientific evidence demonstrating that condoms are in fact an effective means of *reducing* the risk of infection for syphilis, chlamydia, gonorrhea, human papillomavirus (HPV) and HIV (CDC, 2003; De Vincenzi, 1994; HRW, 2005, Saracco et al, 1993; WHO, 2000). Several curricula erroneously noted that condoms were a particularly ineffective method of HIV prevention, repeatedly perpetuating a scientifically refuted claim that latex condoms are permeable to viral pathogens (De Vincenzi, 1994; Saracco et al, 1993).

The Waxman Report found a number of additional inconsistencies and blatant misrepresentations in 11 of the 13 curricula investigated. The report critically noted that within many programmes, moral judgments and gender stereotypes were “misleadingly offered as scientific fact” (U.S. House of Representatives, 2004, 15). A number of curricula, for example, included statements describing girls as “helpless or dependent upon men” (U.S. House of Representatives, 2004, 17), and men as “sexually aggressive and lack[ing] deep emotions” (U.S. House of Representatives, 2004, 18). A particularly troubling claim was made in several curricula regarding the unsubstantiated relationship between pre-marital abstinence and adolescent psychological health:

... one curriculum tells youth that a long list of personal problems – including isolation, jealousy, poverty, heartbreak, substance abuse, unstable long-term commitments, sexual violence, embarrassment, depression, personal disappointment, feelings of being used, loss of honesty, loneliness, and suicide – ‘can be eliminated by being abstinent until marriage’. (U.S. House of Representatives, 2004, 20-21)

As noted in the report, there “does not appear to be any scientific support for these assertions” (U.S. House of Representatives, 2004, 20).

In addition to the congressional inquiry, empirical studies have consistently found the nation’s AUME programmes to be both ineffective and misleading (Barnowe-Meyer, 2012b). A longitudinal study of four of the nation’s most popular abstinence-only programmes found programme youth “no more likely than control group youth to have abstained from sex” (Trenholm et al, 2007, xvii). Indeed, both programme and control group youth reported similar numbers of sexual partners and initiated sex at the same mean age. Thirteen randomised controlled trials of 16,000 American students enrolled in abstinence-only HIV/AIDS prevention programmes found students exposed to abstinence education, when compared with those in control groups, reported no difference in age of sexual initiation, number of partners, incidence of unprotected sex, or condom use (Underhill, Montgomery & Operario, 2007). One trial found that students in abstinence-only programmes troublingly reported *greater* frequency of sex and *higher* rates of sexually transmitted infections than students assigned to the corresponding control group. Kohler, Manhart & Lafferty (2008) compared the self-reported sexual behaviour of 1,700 adolescents aged 15 to 19 enrolled in abstinence-only and comprehensive sexual education programmes – those emphasising “the benefits of abstinence while also teaching about contraception and disease-prevention methods, including condom and contraceptive use” (Collins, Alagiri & Summers, 2002, 1) – with students receiving no formal sexual health education. Students enrolled in comprehensive programmes were 60% *less* likely to report teenage pregnancy and *less* likely to engage in sexual intercourse than those enrolled in abstinence-only programmes or those with no formal sexual health education (Kohler, Manhart & Lafferty, 2008).

Reviews of AUME programmes by Kirby (2001, 2002a, 2002b, 2007) and by Manlove, Romano-Papillo & Ikramullah (2004) failed to find “scientific evidence that abstinence-only programs demonstrate efficacy in delaying initiation of sexual intercourse” (Society for Adolescent Medicine, 2006, 84). While a small number of studies suggest that abstinence-only programmes *do* result in delayed sexual initiation (Denny & Young, 2006; Weed, Ericksen, Lewis, Grant & Wibberly, 2008;

Kim & Rector, 2008; 2010), these studies have been criticised for utilising “inherently coercive” and scientifically flawed curricula (Society for Adolescent Medicine, 2006, 83), and for failing to adopt rigorous experimental standards (Kirby, 2007).

2.6 The President’s Emergency Plan for AIDS Relief (PEPFAR)

In spite of these documented failures and pointed criticisms directed at domestic AUME programmes, in 2003 the administration of U.S. President George W. Bush announced the development of an international initiative to promote abstinence as the key HIV/AIDS prevention strategy in 15 of the world’s most disease-ravaged nations¹². The President’s Emergency Plan for AIDS Relief – popularly known as PEPFAR – included a 5-year, US\$15 billion commitment to improved treatment, prevention, and care services in sub-Saharan Africa, Southeast Asia and the Caribbean [see Figure 6]. The plan specifically mandated the unprecedented inclusion of abstinence education as a major component of each nation’s AIDS prevention efforts. Funding conditions in the PEPFAR authorisation legislation – a result of “considerable administration lobbying” (Dietrich, 2007, 280) – required that at least one-third of all funds allocated for AIDS prevention programmes be spent on the promotion of abstinence-until-marriage. In addition, the legislation also permitted FBOs receiving PEPFAR funds to entirely “reject [prevention] strategies they considered objectionable”, including the promotion and distribution of prophylactic devices (Dietrich, 2007, 280). As noted by Rawls (2006), condoms were thus “lumped into the category of ‘other preventions’ ... [including] prevention of mother-to-child transmission, blood safety, safe medical injections and control of intravenous drug use”.

¹² PEPFAR focus countries include Botswana, Cote d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.

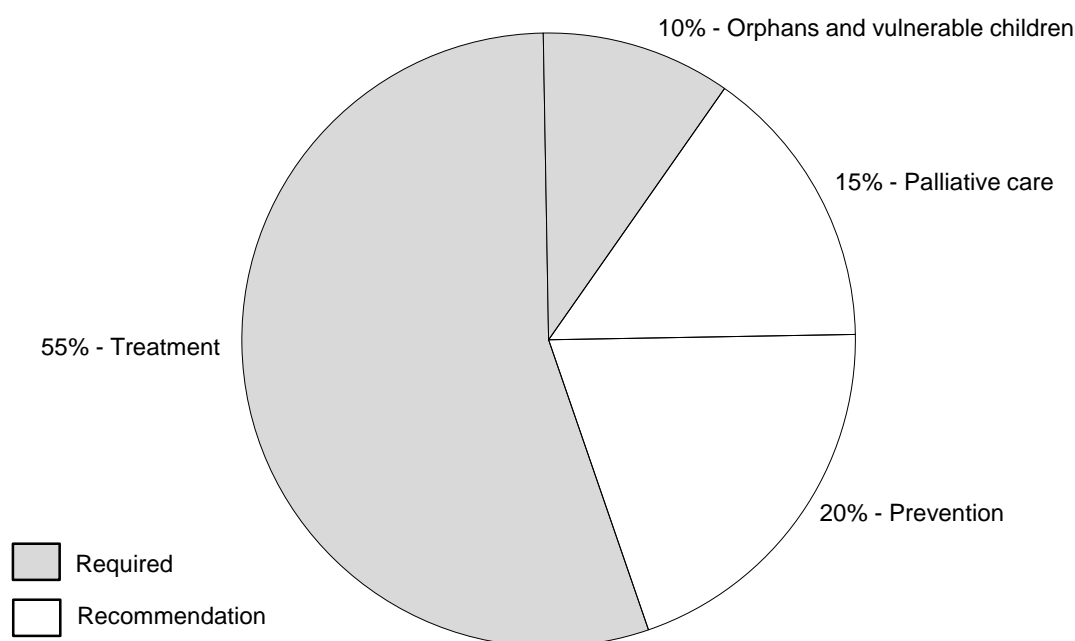


Figure 6. Spending recommendations and requirements – PEPFAR authorisation, 2003.

(Source: General Accounting Office [GAO], 2006)

In March 2005, the U.S. Global AIDS Coordinator – a State Department official appointed by President Bush to coordinate and oversee PEPFAR implementation – issued new funding guidelines greatly expanding the government’s international promotion of abstinence-until-marriage. The new guideline directed country teams in the 15 PEPFAR focus nations to concentrate at least half of all prevention funds on the interruption of sexual transmission of the virus, and of that half, *no less than 66 percent* on programmes *exclusively* promoting abstinence-until-marriage [see Figure 7] (GAO, 2006, 28-29). Referred to by Deputy U.S. Global AIDS Coordinator Dr. Mark Dybul as a policy “‘based on good science’” and a necessary remedy for “‘a strategic disparity’” (Kohn, 2005), the new guideline effectively required “each country’s prevention plan ... [to] allocate twice as much to abstinence and fidelity as it does to condoms” (Kohn, 2005).

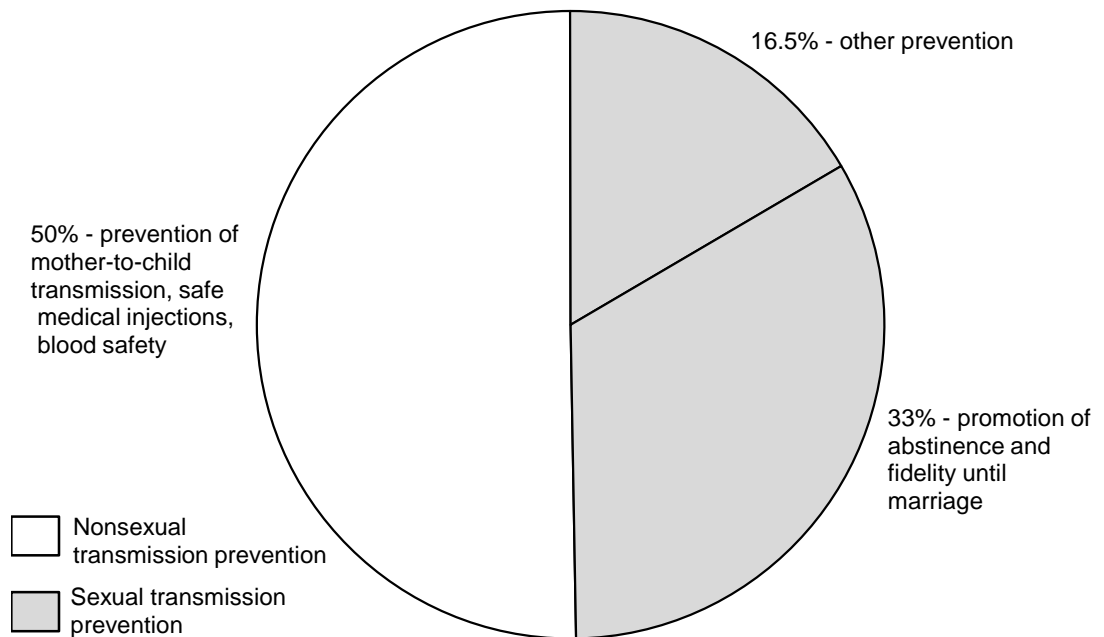


Figure 7. PEPFAR funding guidelines for sexual and non-sexual HIV transmission prevention (2005).
(Source: GAO, 2006)

In addition to being named one of only fifteen focus nations, Uganda also played a critically important role in the U.S. government’s decision to incorporate and emphasise pre-marital abstinence in its PEPFAR prevention scheme. In the midst of a heated debate between Republican and Democratic law-makers over the inclusion of condom programmes in the PEPFAR authorisation act, Uganda’s First Lady Janet Museveni – a devout Christian and vociferous opponent of condom usage and promotion – flew to Washington, DC to present Republican leaders with a formal letter stating that *abstinence* was key to the nation’s remarkable prevention success (U.S. Congress, 2003). This assertion, as noted in later chapters, was plainly false. Yet Janet Museveni’s ‘expert opinion’ and ‘first-hand experience’ persuaded Republican law-makers to approve US\$1 billion in funding for abstinence programmes in the final PEPFAR authorisation act¹³ (U.S. Congress, 2003; Epstein, 2005). The following chapter analyses, through Phillips & Ochs’ (2003, 2004) conceptual framework for policy borrowing, the cause and consequences of

¹³ In 2008, Congress re-authorised, revised, and extended PEPFAR, removing portions of the operational guidelines – including prohibitive mandates establishing threshold funding requirements – and increasing funding levels to US\$48 billion through 2013 (Barnowe-Meyer, 2012b).

Uganda's sudden abandonment of the ABC approach in favour of America's vision of AUME.

CHAPTER THREE

Policy Borrowing in Education: Abstinence-until-Marriage Education in Uganda

3.1 Introduction

As noted in Chapter One, policy borrowing differs from other types of policy transfer in several important ways. Policy borrowing in education involves the voluntary appropriation of identifiable aspects of educational ‘best practice’ from other countries’ policy solutions (Halpin & Troyna, 1995; Raffe, 2011). It thus differs from policy learning – the process of drawing educational lessons from cross-national comparison (Rose, 1988; 1991; Raffe, 2011) – and policy imposition – the adoption of educational models through various forms of compulsion (Phillips & Ochs, 2004; Phillips, 2005). According to Dale (1999), policy borrowing

- is carried out *explicitly* and *voluntarily*,
- involves *particular policies* one nation seeks to *imitate*, *emulate* or *copy* from another (or from multiple others), and
- is the *product of conscious decision-making initiated by the recipient*.

In the case of Uganda’s efforts to adopt the American model of abstinence education, Dale’s conditions are clearly met. While other PEPFAR focus nations may be characterised as *passive* or *involuntary* recipients – compelled to accept abstinence-only prevention programmes in response to rigid funding guidelines – the Ugandan government *actively lobbied* the U.S. Congress to incorporate abstinence provisions in the final PEPFAR authorisation act. The First Lady’s efforts to convince U.S. policy-makers that an abstinence-driven prevention scheme had previously proven effective in Uganda confirms the borrowing process was in fact initiated by the NRM government preceding passage of PEPFAR in late May 2003. While Steiner-Khamsi (2004) suggests that most borrowed policies are embraced for symbolic or rhetorical effect, Uganda’s adoption of AUME represents a rare instance of a policy copied in explicit detail, with little variation, acculturation, or accommodation to suit local needs, interests or contexts. Through Phillips and Ochs’

four-stage framework for policy borrowing, the following chapter examines Uganda's rapid and extraordinary transition from 'ABC' to 'AUME'.

3.2 Stage 1 – *Cross-national attraction*

Impulses

The first stage of Phillips and Ochs' framework involves in-depth examination of the domestic factors and phenomena which compel states to look to foreign environments for educational policy solutions. They identify seven 'impulses' for change that a state is likely to experience prior to engaging in policy borrowing. These include, as noted previously: (1) internal dissatisfaction, (2) systemic collapse, (3) negative external evaluation, (4) economic change or competition, (5) political change, (6) novel world, regional, or local configurations, and (7) innovations in knowledge and/or skills.

Internal dissatisfaction – particularly on behalf of President Museveni, his personal and political allies, and a number of the nation's influential religious leaders – appears to have played a significant role in the government's sudden decision to abandon ABC in 2004. Available evidence, as outlined in the previous chapter, suggests discontent was borne not of strategic failure but of strong ideological opposition to condom usage and promotion. Both President Museveni and leaders of the nation's Roman Catholic, Anglican and Muslim denominations had rejected early attempts to incorporate condom advocacy into any aspect of the national prevention plan, including SHEP (Kaleeba et al, 2000; Green et al, 2006). Bowing to pressure from the World Bank and USAID, however, the Ugandan government began reluctantly incorporating condom use information into both SHEP and its broader media-based behaviour change campaign in 1992 (Epstein, 2005). Although the majority of faith-based organisations continued to renounce any form of prophylaxis, a small number embraced a more comprehensive approach to prevention. The Anglican Church of Uganda introduced the Church Human Services AIDS Prevention Programme (CHUSA) in five of its 27 dioceses; through the programme, both clergy and laity conducted peer education and health training, dispersed sample sermons and other awareness materials, and passed out free

condoms to members of the congregation and local community (Ruteikara et al, 1996; Green, 2003). President Museveni also appeared to adopt a more conciliatory approach to condom advocacy in the late 1990s. At the 2000 African Development Forum in Addis Ababa, the President proudly touted the crucial role played by condoms in his nation's declining HIV rate, citing a nearly 20% increase in the population's use from 1996 to 1998 (Ssejoba, 2004).

Within a mere four years, however, President Museveni had dramatically withdrawn his support. In an interview with *The New Vision* newspaper on 17 March 2004, the President backtracked from his previous statements and declared "open war on the condom sellers" (Ssejoba, 2004). Rather than saving lives, he claimed, condoms were "promoting promiscuity among young people" (Ssejoba, 2004), a charge also levied repeatedly by his wife (HRW, 2005). In a speech at the International AIDS Conference in Bangkok, Thailand in July 2004, the Ugandan president stated that "institutionalised mistrust ... is what the condom is all about" (Evertz, 2010, 24), and asserted in an interview shortly thereafter that condom promotion was "a recipe for disaster" (PlusNews, 2004).

Two months following the President's speech in Bangkok, the NRM government issued a policy requiring all imported condoms to undergo quality control tests – despite the lack of any equipment to perform such tests – even in cases where pre-shipment quality examinations had already been performed (Epstein, 2005; Evertz, 2010). In October 2004, the Ministry of Health announced the nationwide recall of all government-issued Engabu-brand condoms, allegedly in response to failed quality control tests (Cohen & Tate, 2005; Evertz, 2010). In an interview published in the 30 November 2004 edition of *The New Vision*, President Museveni declared Engabu "breaks and kills people" naming the person responsible for their importation to Uganda "a killer" (Olupot & Maseruka, 2004). The recalled condoms were subsequently impounded and incinerated, resulting in a severe national shortage (Evertz, 2010).

Religious opposition to condom advocacy also intensified in 2004. In September, Pastor Martin Ssempe of Makerere Community Church (MCC), a close

ally of Janet Museveni, made headlines worldwide after setting fire to a box of condoms on the campus of Makerere University in Kampala. Ssempe reportedly prayed over the burning box, exclaiming ‘I burn these condoms in the name of Jesus!’ (Evertz, 2010). In addition to this very public denouncement, Pastor Ssempe worked with Janet Museveni to withdraw government financial aid to Population Services International (PSI) – a secular social marketing firm responsible for condom promotion and distribution throughout the 1990s – after the organisation published a single image of a condom billboard in an abstinence-themed comic book (Epstein, 2005). In September 2005, he also wrote a scathing letter to Stephen Lewis, the United Nations envoy for HIV/AIDS in Africa, criticising him for advocating an end to the Ugandan condom shortage and accusing him of attempting to ‘condomise the world’ (HRW, 2007).

As noted by American journalist Helen Epstein (2005), condom acceptance and advocacy in Uganda tended to ebb and flow throughout the 1990s and early 2000s with the availability of U.S. aid funds. It is unknown whether animosity toward condom use peaked in 2004 as a response to PEPFAR funding conditions, or simply as a means to attract additional aid. There is little question, however, that dubious claims of ‘fact’ spurred the government’s decision to pursue an alternative to ABC. Contrary to statements made by both the First Lady and President Museveni, no reliable evidence indicates that condom use information offered in Ugandan schools promoted promiscuity among young people. There is also no concrete evidence to suggest that Engabu-brand condoms failed pre- or post-shipment quality control tests. The impulse for change in Uganda thus appears to have stemmed not from genuine concern based on deep knowledge of educational issues or public health needs, but instead from a cynical and misanthropic exploitation of contrived weaknesses (Phillips & Ochs, 2004).

Notably, few of Phillips and Ochs’ other impulses for borrowing appear to apply to Uganda’s efforts to prevent HIV and AIDS through educational behaviour change interventions in the early 2000s. Although a number of districts in the nation’s northern region remained embroiled in violent civil conflict, neither widespread violence nor natural disaster necessitated systemic educational

reconstruction in 2004. Uganda was the recipient of glowing praise rather than negative external evaluation with respect to its strategic prevention campaign (Barnett & Parkhurst, 2005; Slutkin et al, 2006). Although struggling with corruption and financial mismanagement, Uganda was also not experiencing severe economic recession or unprecedented conditions of competition; to the contrary, while the economy had contracted slightly in 2003, the nation's annual GDP growth rate had more than doubled – from 3.1 to nearly 6.5% – over the preceding three year period (World Bank, 2012). Despite a turbulent history of occupation and military rule, political change was neither imminent nor (apparently) desired; Yoweri Museveni had easily won – with nearly 70% of the national vote – a second five-year term as president of the republic in March 2001. Little evidence suggests that regional and local alliances, or indeed innovations in knowledge and skills, played any role in compelling Ugandan leaders to investigate alternative educational approaches to prevention.

Externalising potential

The first stage of Phillips and Ochs' framework also requires analysis of the ways in which states evaluate the utility of foreign educational models. According to the framework's authors, the 'externalising potential' of foreign systems – the elements theoretically available for borrowing – include guiding philosophies, ambitions and goals, strategies, enabling structures, processes, and techniques.

In their efforts to pursue an educational intervention strategy absent a condom advocacy component, Ugandan leaders appeared first and foremost attracted to the conservative Judeo-Christian values underlying the American model of AUME. The model – as codified in the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* [see Figure 4] – proclaims abstinence from pre-marital sexual activity the 'expected standard' for school aged children, an ideal which resonated strongly with those in Uganda opposed to condom promotion on religious grounds. While the vast majority of Ugandans had converted to Catholicism or Protestantism with the arrival of the first Christian missionaries in the

early 19th century, the 1990s and early 2000s saw an unprecedented escalation of religious fervour and proselytisation. As reported by Epstein in 2005,

Born-again Christianity is catching on throughout sub-Saharan Africa ... Uganda's Christian traditions, and its position bordering heavily Muslim Sudan, Kenya, and Tanzania, [has] made it a magnet for American evangelical missionaries who have poured huge sums into the country during the past ten years ... thousands – perhaps millions – of [Ugandans] have been swept out of their dusty, austere churches into bright new amphitheatres that even on weekdays are filled with music and prayer and swaying worshipers speaking in tongues ... In the major towns, 'crusades' – massive religious gatherings – are held nearly every week, often attended by thousands of people.

This form of Christianity – “packaged in modern Americanized flash, dazzle and music” (Wilson, 2011) – became increasingly popular with upper middle class Ugandans, particularly those in urban areas, in the late 1990s. Today, billboards and taxis throughout the capital loudly proclaim ‘God is Great’ and ‘Try Jesus!’ while television and radio broadcasts inundate their audiences with 24-hour sermons and devotional programmes. For a nation “in the throes of a born-again Christian revival” (Epstein, 2005), an educational model promoting sexual ‘purity’ in adolescence – as well as monogamous heterosexual marriage in adulthood – thus held great appeal.

Although devout born-again Christians themselves, both Yoweri and Janet Museveni have also suggested on numerous occasions that abstinence is a traditional African value. In 2001, President Museveni informed an audience of AIDS researchers that before colonial occupation, an unmarried girl who became pregnant would be “tied in banana leaves, set on fire, and rolled down a cliff”; her partner, if found, would be “speared” (Epstein, 2005). In a speech delivered in 2002 at the World Congress of Families summit in New York City, Janet Museveni echoed her husband's statement:

The concept of abstinence ... is under-girded by Christian principles. But abstinence is also a traditional value and practice [in Ugandan culture]. There was a time in our society when pre-marital pregnancies were punishable by death, and virginity in marriage was a very valued commodity. Therefore the Christian concepts of sexual purity and faithfulness in relationships were not

some strange or alien values ... it was what had always worked in our society. (HRW, 2005, 44)

The First Lady's characterisation of abstinence as "the perfect blending of Christian teachings and traditional African values" was curious (HRW, 2005, 44), not the least because Christianity strongly condemns the murder of pregnant children. Polygamy – of both a formal and informal nature – has long been a feature of Ugandan society (Epstein, 2005); Uganda's tribal chiefs and kings had for centuries maintained hundreds, if not thousands, of wives and concubines, and extramarital affairs of modern political figures – the President included – were a frequent source of rumour and public intrigue (Epstein, 2005).

Given the ideological nature of its attraction – as well as the rather dismal success rate of abstinence-only programmes in the United States – the Ugandan government appears to have simply accepted the moral 'superiority' of an AUME approach without undertaking thoughtful scientific or academic investigation of the American model in its context of origin. If such an investigation had been launched, Ugandan leaders would have paid witness to the profoundly disappointing practical potential of AUME curricula based on the A-H criteria. In May 2001, the National Campaign to Prevent Teen Pregnancy published a thorough review of U.S. programmes designed to encourage abstinence, increase condom or contraceptive use, and reduce teen pregnancy. The review found no evidence to suggest that AUME programmes delayed the initiation of sex or reduced its frequency among sexually active participants (Kirby, 2001; 2002a; 2002b). Indeed, none of the evaluated abstinence-only programmes showed an overall positive effect on either teen sexual behaviour or contraceptive use (Kirby, 2001). It is noteworthy that several HIV prevention programmes based on the rejected ABC model *were* found to delay the onset of sex, reduce the frequency of sex, and reduce the number of sexual partners (Kirby, 2001).

3.3 Stage 2 - *Decision*

The decision stage of Phillips and Ochs' framework also consists of two components: (1) evaluation of the borrower state's motivation and capacity for

change, and (2) analysis of the measures through which government and other agencies and individuals attempt to initiate the borrowing process.

Practicality, domestic compatibility and implementational feasibility

Phillips and Ochs categorise borrowing decisions as ‘theoretical’, ‘realistic/practical’, ‘phony’ and ‘quick fix’ based on the impulses and externalising potential identified in the process of cross-national attraction. In assigning decisions to one or more of these categories, however, it is necessary to evaluate both a state’s motivation for change *and* the degree to which government officials have analysed issues of practicality, domestic compatibility and implementational feasibility. In Uganda, these issues required policy-makers to consider the practical potential of an abstinence-only prevention model in a country with relatively high levels of adolescent sexual activity. Several local and national behavioural surveys conducted in 2004 – or in the years immediately preceding it – provided Ugandan leaders with valuable information on the sexual characteristics, knowledge and attitudes of Ugandan children, adolescents and young adults. The following section briefly outlines the results of these studies and evaluates the degree to which Ugandan officials incorporated this information into their ultimate borrowing decision.

According to the results of the Uganda National Survey of Adolescents, Ugandan youth initiated and engaged in sexual activity at alarmingly young ages in 2004. At least 3 in 10 young people aged 12 to 14 had experienced some form of intimate sexual contact (including kissing and/or fondling), with approximately 8% of girls and 15% of boys having engaged in sexual intercourse (Bankole, Biddlecom, Guielle, Singh & Zulu, 2007; Kibombo, Neema, Moore & Ahmed, 2008). While 23% of females and 4% of males went on to marry between the ages of 15 and 19, a further 26% of females and 45% of males engaged in pre-marital sexual activity (Darabi et al, 2008). By age 18, 50% of Ugandan men and 64% of Ugandan women reported being sexually active or experienced; by age 20, these proportions increased to 74% and 85%, respectively (Darabi et al, 2008).

Despite a relatively high degree of sexual activity, survey results suggest that few Ugandan adolescents possessed comprehensive knowledge of HIV/AIDS or

pregnancy prevention. While virtually all 15-19 year-olds had heard of HIV, only 28% of young women and 36% of young men could name two correct methods of viral prevention while also rejecting three commonly held misconceptions¹⁴ (Darabi et al, 2008). Four in 10 adolescents erroneously believed the virus could be acquired through a mosquito bite, while 11% of males and 17% of females believed infection resulted from food-sharing (Darabi et al, 2008). One in ten adolescent girls believed it was spread by witchcraft or other supernatural means, and eliminated by engaging in sexual intercourse with a virgin (Darabi et al, 2008). Only 32% of young women and 34% of young men also had detailed knowledge of pregnancy prevention. Substantial portions of both sexes believed pregnancy could be prevented by washing thoroughly after intercourse, with 31% of males and 39% of females certain a woman could not become pregnant the first time she had sex. Notably, urban teenagers and those from wealthier families had higher levels of both HIV and pregnancy awareness than their rural and less affluent peers (Darabi et al, 2008).

Condom and contraceptive use was also found to vary widely by geographic location, socio-economic status, and gender. Young women residing in urban areas and those from wealthier families reported significantly higher rates of contraceptive use than those living in rural communities with limited economic means (Darabi et al, 2008). Very few young Ugandans of either gender, however, reported ever having obtained a contraceptive method. Both male and female adolescents reported great reluctance to access and use condoms; 58% of females and 47% of males considered buying or requesting condoms an “embarrassing” task (Neema et al, 2006, 95), while 55% of females and 60% of males believed that using one showed a lack of trust in, or love for, one’s partner (Neema et al, 2006; Darabi et al, 2008). A number of adolescents questioned their efficacy, believing – as President Museveni suggested – that condoms *cause* disease rather than *prevent* it (Chacko et al, 2007). Many appeared to associate condom use – particularly by women – with prostitution, promiscuity and HIV infection (Nyanzi, Pool & Kinsman, 2001). As noted by Chacko et al (2007, 332), when a female suggested the use of a condom,

¹⁴ ‘Comprehensive knowledge’ suggests the respondent knew that HIV transmission can be reduced by having sex with only one faithful, sero-negative partner and also by using condoms; that a healthy-looking person can have HIV; that a person cannot acquire HIV from a mosquito bite; and that a person cannot become infected by sharing food with an HIV-positive individual. (Darabi et al, 2008)

males saw this as a female attempt to protect the male from HIV infection or as an indication that the girl suspected them of being HIV-positive.

This rationale perhaps explains why only 41% of adolescent girls aged 15-19 felt confident in their ability to convince their partner(s) to wear a condom during intercourse (Darabi et al, 2008). Indeed, girls were not perceived by either sex as “participating in the decision-making process regarding condom use” (Kibombo et al, 2008, 13); as noted by Darabi et al (2008, 18), “men, not women, control the use of condoms”.

While most young males in Uganda cited “overwhelming desire”, “natural manly demands” or “peer pressure” as their motivation for sexual activity, female adolescents confronted a more complex set of pressures and demands (Nyanzi, Pool & Kinsman, 2001, 90). In 2004, only 46% of sexually active Ugandan women reported being ‘very willing’ at the time of their first sexual experience; 31% reported being only ‘somewhat willing’ and 23% reported being injured or coerced (Moore, Awusabo-Asare, Madise, John-Langba & Kumi-Kyereme, 2007). Nearly half of all females aged 15-19 had experienced “unwelcome fondling or touching”, an occurrence also reported by one-fifth of boys and young men (Darabi et al, 2008, 12). Of girls and young women reporting sexual violence, 34% named strangers as the perpetrators of their abuse; 31% named schoolmates, 29% boyfriends and 23% casual acquaintances (Darabi et al, 2008). Married female adolescents were also found to be highly susceptible to domestic violence; in a 2000 UNAIDS survey, 41% of Ugandan men readily admitted to beating and/or raping their wives¹⁵ (Burns, 2002).

A small-scale, mixed-methods research study conducted in 2001 at a rural secondary school in the Ugandan district of Masaka found a great deal of adolescent sexual activity to take place in transactional relationships (Nyanzi, Pool & Kinsman, 2001). Transactional sex – the exchange of money and/or gifts for sexual favours – was, and is today, a common practice in Ugandan society (Neema, Moore &

¹⁵ This figure may in fact underestimate the degree of domestic violence in Uganda, as a hospital-based survey of pregnant women found a prevalence of 57% (Kaye, Mirembe, Ekstrom, Kyumuhendo & Johansson, 2005).

Kibombo, 2007; Darabi et al, 2008). In 2001, 65% of unmarried male study participants aged 15-19 reported having offered their partner money in exchange for sexual favours; an astonishing 85% of their unmarried female peers admitted to receiving it. Female participants cited a lack of money for school fees and other items including clothing, food and cosmetics as their primary justification for this activity (Neema, Moore & Kibombo, 2007):

Girls said that they were afraid or embarrassed to ask their parents to provide articles such as clothes, shoes, underwear, creams and soap because the need for such products might suggest that they are making themselves attractive in order to seduce men. (Nyanzi, Pool & Kinsman, 2001, 88)

Both male and female respondents believed sexual favours to be “the major source of income for girls”; multiple partners, they reasoned, exponentially increased ‘profits’ (Nyanzi, Pool & Kinsman, 2001, 88). To maximise monetary gain, many adolescent girls engaged in sexual relationships with both same-aged peers *and* older male partners known as ‘sugar daddies’:

Some of the girls said that they secretly cherished the idea of sexual relationships with sugar daddies because of their experience, financial support and material benefits, even though adult society generally condemns such relationships. (Nyanzi, Pool & Kinsman, 2001, 90)

Notably, the majority of study participants of both sexes agreed that condom use was “not an important part of sexual negotiations” (Nyanzi, Pool & Kinsman, 2001, 93).

When questioned regarding their views on abstinence and sexual health education, adolescents often provided contradictory responses. While the vast majority of 12-19 year olds believed that young men and women should delay sexual activity until marriage – with nearly 90% citing their religious beliefs – few adolescent males or females reported primary or secondary abstinence based on their moral convictions (Neema et al, 2006; Darabi et al, 2008). For those who had not yet engaged in sexual activity, only 21% of young women reported wanting to wait until marriage; nearly three-quarters cited wanting to avoid HIV (73%) and fear of becoming pregnant (71%) as their primary justification(s) for abstinence (Darabi et al, 2008). Among those who had been sexually active in the past 12 months, only

26% of females and 14% of males reported they had stopped having sex “because they wanted to wait until marriage to have sex again” (Neema et al, 2006, 51). Less than half of sexually active adolescents reported receiving sexual health education in schools; the vast majority of those surveyed, however, expressed a need for more information on the origin and causes of AIDS, how HIV is transmitted, prevention measures, AIDS symptoms, how to care for those with the virus and how to live longer once one is infected (Neema, Moore & Kibombo, 2007). Male adolescents also expressed a desire for more information on condom use. More than 8 in 10 young Ugandans believed that sexual health education – including information on condom and contraceptive use – should be offered to students as young as 12 to 14 years of age (Neema et al, 2006; Neema, Moore & Kibombo, 2007). Only 40% of adolescents believed that discussing issues related to sexual activity encouraged young people to have sex (Neema, Moore & Kibombo, 2007).

Given the lack of written documentation on the subject, it is difficult at this stage of analysis to determine with any degree of certainty whether Ugandan leaders considered this information when deciding to adopt the American model of abstinence education. Thoughtful analysis appears implausible, however, given that little of the information provided supports the belief that an abstinence-driven educational intervention was likely to resonate with Ugandan children, adolescents and young adults. Indeed, the data suggests that more than 4 in 5 young Ugandans already believed that boys and girls should remain abstinent until marriage, yet a multitude of factors – including desire, coercion and economic hardship – prevented them from doing so. An overwhelming majority of survey respondents indicated a need for more comprehensive information on HIV transmission and prevention, a need unlikely to be met by an educational intervention excluding medically accurate information on condom and contraceptive use. Based on this information, the government’s ultimate decision to adopt the uniquely American vision of abstinence education appears to fall into the category of ‘theoretical’ borrowing. As noted by Phillips and Ochs, borrowing decisions are classified as theoretical when the ‘guiding philosophy’ for change ‘at home’ is essentially ideological or philosophical in nature. Decisions based on theoretical ideas and general ambitions – particularly those observed elsewhere – tend not to account for important issues of practicality or

domestic compatibility, and are “not easily susceptible to demonstrably effective implementation” either in local contexts or their environments of origin (Phillips & Ochs, 2004, 780).

Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)

Disregarding available information on the practical potential of AUME, the Ugandan government, faith-based organisations and a variety of magisterial actors began the borrowing process in late 2003. Development of a nationwide, school-based HIV/AIDS prevention curriculum, however, had begun in Uganda in early 2002. Following a 2001 visit to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, President Museveni shared his bold vision for a national HIV/AIDS curriculum “that would reach every single pupil in the country, from the well-heeled youth in urban Kampala to the thousands of neglected orphans in the country’s conflict-stricken north” (Cohen, 2006; see also HRW, 2005; Barnowe-Meyer, 2012b). The President called his visionary curriculum the *Presidential Initiative on AIDS Strategy for Communication to Youth*, or PIASCY.

The curriculum development process began within weeks of the President’s announcement (Cohen, 2006). Conflict and controversy ensued from nearly the start, however, as public health experts and progressive educators clashed with religious organisations over the tone and content of instructional materials. Compromise was eventually reached and in March 2003, the Ugandan Ministry of Education & Sports launched the first set of PIASCY teacher manuals for circulation in primary schools (Barnowe-Meyer, 2012b). The manuals contained chapters on “how HIV is transmitted and how to prevent infection, as well as basic information on the importance of safer sex, condom use, being faithful and getting tested for HIV” (Darabi et al, 2008, 23; see also Office of President Museveni, 2003).

Shortly after their release, however, several evangelical groups expressed passionate opposition to the inclusion of any information or images appearing to contradict a message of abstinence-until-marriage. Strong objections were raised over allegedly “graphic” and “explicit” diagrams depicting genital hygiene and

condom use, as well as the absence of any information on ethics and moral behaviour (HRW, 2005, 33). Faced with mounting opposition from religious groups, the NRM government recalled the first set of PIASCY teacher manuals in mid-2003 (Cohen, 2006). The Uganda AIDS/HIV Integrated Model District Programme (AIM) – a community health services initiative funded by USAID and managed by the U.S.-based JSI Research & Training Institute, Inc. – quickly convened a series of ‘stakeholder meetings’ to revise the teaching materials. As noted by HRW (2005), AIM invited a number of religious organisations not included in the initial development process to take part. USAID, having developed a substantial presence in Uganda following the passage of PEPFAR, also placed a technical advisor in the Ugandan Ministry of Education & Sports to oversee the drafting process. The advisor warned Ministry officials that any future draft materials must meet with the approval of *all* stakeholders, including the nation’s conservative evangelicals (Barnowe-Meyer, 2012b). While Ugandan FBOs had historically played a vital role in the battle against HIV/AIDS, they had never before shown an interest in vetting prevention materials for children (HRW, 2005). Yet first-hand accounts of the drafting process suggest that faith-based organisations – including many new recipients of PEPFAR grant funds – exercised effective veto power over the tone and content of PIASCY programme materials (HRW, 2005; Cohen, 2006). One meeting observer noted:

It got nastier and nastier ... Everywhere the manual said, ‘There will be some children who have sex’, [faith-based participants] crossed it out and said, ‘They should be told to stop.’ (HRW, 2005, 32; see also Cohen, 2006)

With the financial assistance of AIM and nearly US\$3 million in PEPFAR grant funds, two new PIASCY teacher manuals – one for instruction of pupils in grades P3 and P4, the other for instruction of pupils in grades P5 through P7 – were launched in February 2004 (HRW, 2005). The manuals contain numerous techniques and pre-planned classroom exercises designed to encourage pre-marital sexual abstinence in primary school-aged youth [see Appendices A and B for a detailed list of topics featured in the PIASCY teachers’ manual] (Uganda Ministry of Education & Sports, 2004a; 2004b). The tone and content of the handbooks largely reflects the ideological predilections of powerful Ugandan religious institutions (Cohen, 2006).

Information on condom use and safe sex practices was removed, replaced by a chapter on ‘Ethics, Morals and Cultural Values’. All ‘offensive’ images – including diagrams depicting condoms, safer sex, puberty, and genital hygiene – were also notably “purged” (Cohen, 2006).

In addition to the teacher manuals, the PIASCY programme also features a number of co- and extra-curricular activities, including:

- **PIASCY assemblies:** Each PIASCY teacher handbook features guidance for bi-monthly, school-wide, abstinence-themed assemblies. Assembly messages encourage students to ‘have good morals’, ‘follow your religion to stay safer’, and ‘always say no to sex’ (Uganda Ministry of Education & Sports, 2004a). The instructional manual for older primary pupils also includes assembly messages entitled ‘HIV testing’ and ‘Condom use’¹⁶.
- **Music, Dance and Drama (MDD) clubs:** With the assistance and guidance of PIASCY teachers, students in MDD clubs compose their own songs and drama scripts to address factors that put children at risk of HIV infection (Mudege & Undie, 2009). Songs and dramas are typically composed in local dialects, providing students with the opportunity both “to share in creating the learning process” and to creatively discuss feelings and issues in their own words (Mudege & Undie, 2009, 35).
- **‘Talking’ compounds:** Students compose messages about HIV/AIDS and post them throughout school compounds. The messages – emphasising pre-marital abstinence – are frequently painted on “highly visible target areas” such as water tanks, large boulders and school toilets (Mudege & Undie, 2009, 19).

¹⁶ While the handbook states that “if used correctly for every act of sex, a condom will help protect you and your partner from HIV/STIs”, it also suggests that condoms “are too big for most boys in primary school” and will likely “slip and break” with use. It also instructs pupils that the best way to avoid HIV is “to wait until you find your marriage partner ... before ever having sex” (Uganda Ministry of Education & Sports, 2004b).

- **Suggestion boxes:** Suggestion boxes provide an opportunity for pupils to anonymously pose questions about HIV/AIDS that they might otherwise not advance. Teachers typically choose an anonymous question from the box to read aloud and respond to at a school-wide PIASCY assembly.
- **Safety Friends Networks (SFN):** Through the SFN programme, pupils choose three or four same-sex peers to regularly accompany them in various situations – including journeys to school, the market, or to a teacher’s house – in which they might be at heightened risk of sexual violence or molestation. According to Mudege & Undie (2009, 19), Safety Friends Networks enable students “to protect themselves, defend their rights, and minimise or eliminate predisposing factors that put them at risk of acquiring HIV”.

Uganda National Abstinence and Being Faithful Policy

While the PIASCY programme clearly conforms to the American statutory definition of AUME, it was not until eight months following release of the teachers’ manuals that Uganda officially adopted the A-H criteria in statute. In November 2004, the Ugandan government published a strategy document entitled the *Uganda National Abstinence and Being Faithful Policy and Strategy on Prevention of Transmission of HIV*. The so-called National ‘AB policy’ is described as follows:

Sexual abstinence until marriage and faithfulness in marriage will be widely promoted as the most effective means of preventing STI/HIV transmission. Special emphasis will be placed on promoting delaying sexual debut among the young and faithfulness in marriage, eliminating sexual promiscuity. (Kyomuhendo et al, 2004, 14)

Although touted as the first policy of its kind in the world, the definition of abstinence education featured in the document copies the PRWORA’s A-H criteria almost verbatim [see Figure 8] (HRW, 2005). Notably, the Ugandan policy contains no reference to the U.S. legislation from which the definition is drawn (Barnowe-Meyer, 2012b).

“Abstinence education means an educational model or motivational approach which:

1. Has as its exclusive purpose, teaching, supporting, and empowering the social, psychological, and health gains to be realized by abstaining from premarital sexual activity;
2. Teaches abstinence from sexual activity outside marriage (or ‘faithfulness’) as the expected standard;
3. Teaches that abstinence from sexual activity is the only certain way to avoid sexually transmitted diseases, and other associated health problems;
4. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
5. Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
6. Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
7. Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.

Figure 8. Statutory requirements for abstinence education, Uganda, *National Abstinence and Being Faithful Policy*. (Source: HRW, 2005, 25-6)

Described as “a companion to the country’s existing strategy on the promotion of condoms” (HRW, 2005, 25), the AB policy offers mixed messages with regard to condom advocacy and promotion. While it speaks of “bringing [abstinence] interventions on ‘equal footing’ with existing condom interventions” (HRW, 2005, 26) – taking care to “ensure that A, B and C are mutually complementary and not competing strategies” (Kyomuhendo et al, 2004, 12) – the policy also suggests that the promotion of condoms undermines the message of abstinence:

Messages about HIV and AIDS need not be ambiguous and mixed up. A and B work in one sense [as] a personal challenge that calls for self-denial of immediate pleasure in favor of some good or positive health – or even survival. The mixing of this message with an offer of perceived immediate gratification by means of condom use can be confusing to youth and indeed adults. The condom message can compromise the power of the A and B message ... condoms must not be promoted in ways that undercut or undermine messages of abstinence and faithfulness. (Kyomuhendo et al, 2004, 13)

The policy goes on to instruct abstinence promoters – including PIASCY educators – to avoid diminishing programme quality by offering their pupils contradictory messages with regard to condom use and abstinence-until-marriage (Kyomuhendo et al, 2004; HRW, 2005).

The AB policy further suggests that “strengthening the institutions of marriage and the family is an effective approach to preventing ‘social problems’ such as HIV [and] AIDS” (HRW, 2005, 28):

The family institution is the cradle of civilization, because it [is] the natural training ground for civil behaviour, morals, sexuality, integrity, interpersonal relations essential for life, work, ethics, life skills, etc. In other words, when the family institution is functioning as it was meant to function, many social problems which ultimately feature on a national level can be eliminated, and hence the need to pay special attention to marriage and the family institution. (Kyomuhendo et al, 2004, 13)

Few measures are provided in the policy, however, to address pervasive social and economic issues – including unequal gender relations, poverty, domestic violence and polygamy – which place many married Ugandans – particularly adolescent girls and young women – at considerably higher risk of contracting HIV (HRW, 2005). Instead, the policy calls for the establishment of a National A&B Policy Steering Committee (NABPSC), an A&B Coordination Committee (ABCC), and an A&B Coordination Unit within the Ugandan Ministry of Health. As noted by HRW (2005), none of these bodies is given a mandate beyond promoting abstinence until marriage and faithfulness within it.

3.4 Stage 3 - *Implementation*

The third stage of Phillips and Ochs' framework, *implementation*, requires analysis of the ways in which a borrowed educational model is adapted to the national system of the recipient. The speed and success of implementation are dependent on a multitude of factors, including "the adaptability of particular policy measures" (Phillips & Ochs, 2003, 456), "the accommodating potential of the new context" (Phillips, 2004, 58), and on the cooperation or resistance of significant local and national stakeholders.

Shortly after the distribution of revised teacher manuals in early 2004, the Uganda Program for Human and Holistic Development (UPHOLD) conducted orientation sessions for teachers and school administrators on the new PIASCY curriculum. Between June and December 2004, the UPHOLD initiative – another USAID-funded venture of JSI Research and Training Institute, Inc. – reportedly held training workshops for more than 45,000 teachers in approximately 15,000 Ugandan primary schools (JSI, n.d.). Three teachers from each primary school were invited to attend two-day orientation workshops; in the workshops, teachers discussed current school practice, received their teaching manuals and "became familiar with [PIASCY] content" (JSI, n.d.). Both trainers and workshop participants noted a strong emphasis on condom denigration throughout the orientation sessions. In an interview with Human Rights Watch in November 2004, an UPHOLD trainer reported that when teachers expressed an interest in learning more about condom use, they "were reminded to teach only abstinence to children" (HRW, 2005, 34):

What we are telling them is yes, we know the condoms are there, but at this age [primary school], we are preaching abstinence. (HRW, 2005, 34)

Teachers also report being warned that discussing or promoting condoms was likely to anger parents, clergy and community members. A group of three teachers from a primary school in Kasese district noted this admonition:

We were told not to show [pupils] how to use condoms and not to talk about them at our school. In the past, we used to show them to our upper primary classes. Now we can't do that. (HRW, 2005, 24)

Through the Teacher Development and Management System (TDMS), UPHOLD also trained principals from 23 core Primary Teachers' Colleges (PTC) and District Education Offices nationwide. According to JSI (n.d.) the first phase of PIASCY roll-out was completed in schools within a mere five months – six months ahead of schedule – and at “considerably lower cost than expected”.

UPHOLD reports that most educators responded “enthusiastically” to their training, claiming many teachers and principals shared a renewed commitment “to advise pupils and act as positive role models” both inside and outside the classroom (JSI, n.d.). A series of interviews with Ugandan educators conducted by Human Rights Watch over a three-month period in late 2004 also found strong support for the PIASCY curriculum. The interviews also revealed, however, “considerable variation” in the information provided to students, particularly with regard to condom use (HRW, 2005, 34). One teacher at a primary school in Mbale district noted that emphasis was placed exclusively on abstinence-until-marriage in her PIASCY classroom:

We talk about marriage, what it is, when one should marry and how to be good in marriage ... We discourage condom use. They can burst, and some can acquire STDs or become pregnant while using them. Condoms encourage pupils to keep practicing sexual behaviours. (HRW, 2005, 36)

Others teachers expressed difficulty reconciling instructions to ‘preach’ abstinence only with their professional desires to respond to the needs of their pupils, a significant portion of whom were already sexually active (Barnowe-Meyer, 2012b). A primary school headmistress in Mbale expressed reservations about withholding condom use information to her older students:

Some primary children are already playing sex. Some girls from the villages rent houses here in town to attend school and are engaging in sexual relations with older men. Boys are doing the same, going to video shops, watching movies ... They are on their own and get into trouble. For example, we recently had a girl from a nearby village in P4 who was having sex with a car washer in town. She is twelve years old. (HRW, 2005, 35)

The headmistress at a primary school in Kasese district voiced similar concerns, noting that condom use information and demonstrations were essential for older students. She estimated that approximately 20% of girls at her school were sexually active – many in transactional relationships – and expressed a need for more information about condom use and partner reduction “in addition to delaying or stopping sex as an HIV prevention strategy” (HRW, 2005, 35):

In our assemblies, and in the classroom, we explain what abstinence is and why it is important ... But around here, people don't buy this idea of abstinence because in Uganda, many girls are using sex to buy their daily bread. (HRW, 2005, 24)

In addition to the content of PIASCY messages, the form in which they were delivered suggested to some an emphasis on preaching ‘good behaviour’ rather than preventing HIV (HRW, 2005). As noted by Human Rights Watch, abstinence messages in the early years of PIASCY were delivered to students primarily at assemblies. While most schools held assemblies at least once every two weeks, some schools gathered students for PIASCY messages on a weekly or bi-weekly basis. Teachers with considerable experience in primary education raised concerns that messages delivered at school-wide assemblies “were unlikely to achieve lasting behaviour change among youth” (HRW, 2005, 36):

In the 1990s, education specialists had remarked that HIV prevention information provided to children in Uganda did not bring about expected behaviour change, so the emphasis was adjusted to highlight child participation in group settings. With PIASCY, this adjustment was reversed. Some teachers raised fears that dictating message[s] at assemblies revived pedagogical approaches already proven ineffective in the early 1990s. (HRW, 2005, 36)

While “publicly visible and easy to monitor” (HRW, 2005, 37), frequent assemblies left little time for teachers to reinforce behaviour change messages through other PIASCY activities. Other teachers noted a lack of materials as a major source of frustration with PIASCY:

A teacher at a rural primary school said that PIASCY had come with no materials to assist with demonstrations or activities ... Another teacher

remarked that PIASCY activities were a good idea in theory, but that her school lacked materials for additional projects. (HRW, 2005, 37)

From 2006 to 2008, UPHOLD worked to bring the PIASCY curriculum to an increasing number of government-funded primary schools through the establishment of so-called ‘Centres of Excellence’. Also known as Model Schools, the Centres of Excellence were designed to promote and exemplify practices that enabled primary school-aged pupils to abstain from pre-marital sex. A total of 1,078 Centres of Excellence were ultimately selected from a pool of approximately 15,000 primary schools. Centres of Excellence were provided with ‘incentive grants’ funded by USAID; with these grants, centres were expected to train public and private ‘satellite schools’, instructing other teachers “within their area of influence” on the implementation of PIASCY (Mudege & Undie, 2009, 25).

Following scheduled completion of the UPHOLD programme in mid-2008, the Ugandan Initiative for TDMS and PIASCY (UNITY) quickly resumed curriculum training and implementation. UNITY – a three-year initiative funded by USAID and managed by U.S.-based Creative Associates International, Inc. – engaged with the Ugandan Ministry of Education & Sports (MoES) to supplement PIASCY at the school level in both primary and post-primary institutions. In cooperation with Ministry personnel, UNITY worked to procure 31,500 PIASCY HIV Reader Kits¹⁷ for nearly 4,700 primary schools in 32 districts nationwide (USAID, 2008a). Following a “careful and comprehensive procurement process”, UNITY selected Baroque Publishers, Ltd. – a Kampala-based entity – to print “user-friendly and age-appropriate” Reader Kits for primary school-aged children (USAID, 2008a, 27). With a considerable financial contribution from USAID, the final procurement far exceeded initial programme expectations; a total of 717,580 HIV Readers and 30,138 additional teacher manuals were ultimately distributed to nearly 10,000 primary schools in 64 districts.

Forty national Master Trainers (MTs) were trained by UNITY in June 2008 to assist with the roll-out of the new HIV Reader materials. MTs – drawn from

¹⁷ Each kit contains 12 student readers, or fictional life stories, designed to improve HIV/AIDS literacy and skills acquisition.

collaborating education institutions and faith-based organisations – prepared teachers to integrate the new readers into the school curriculum, co-curricular activities, and the overall PIASCY programme (USAID, 2008a). Through UNITY, USAID funded all aspects of programme development, regional and national teacher training, and distribution of teaching and learning materials.

In an effort to reach more students in or approaching adolescence, UNITY also worked to bring PIASCY materials to *post*-primary institutions. The programme designed an educational package “appropriate for students in lower secondary or upper secondary [and] their equivalent in Business, Tertiary, Vocational Education and Training (BTJET) Institutes” (USAID, 2008a, 24). The package – consisting of a Teachers Resource Book and separate handbooks for lower and upper secondary students – was designed “to impart values, morals, ethics, and life planning skills for positive behaviour change” (USAID, 2008a, 24). The handbooks were developed and piloted by USAID in 2005 and distributed by UNITY to post-primary education and training (PPET) institutes in early 2008 [see Figure 9].

Programme	Category of materials	Quantity printed
PPET PIASCY	PIASCY – Students Handbook (lower)	72,500
	PIASCY – Students Handbook (upper)	13,500
	PIASCY – Teachers Resource Book	21,500
	PIASCY – Trainers manual	400

Figure 9. Summary data of materials printed for PPET PIASCY.
(Source: *USAID, 2008a*)

In addition to developing and disseminating the materials, UNITY also conducted regional and national training seminars for PPET PIASCY. Using a cascade training model, 40 MTs trained more than 1,800 teachers in nearly 700

PPET institutions in 38 districts across the North, North East and West Nile regions of Uganda (USAID, 2008a). Between June and October 2008, UNITY also provided “support supervision and monitoring” services to more than 140 PPET institutions nationwide (USAID, 2008a, 25).

In November and December of 2008, USAID conducted an evaluation of its UNITY programme in 12 primary schools throughout Uganda. A team of independent contractors “guided by the very able staff of the UNITY program” (USAID, 2008b, 19) reportedly found teachers and students overwhelmingly in favour of the PIASCY curriculum. Virtually all schools surveyed were found to maintain so-called ‘talking compounds’, actively disseminating PIASCY prevention messages throughout school grounds, classrooms, and boarding houses. Students claimed to be more knowledgeable on the topic of HIV/AIDS, more likely to share their HIV status, and less likely to stigmatise peers. Teachers described their PIASCY handbook as “factual”, “well-organized” and “a source of tremendous support based on the accuracy of the content” (USAID, 2008b, 41):

They argue that the perceived authority of the books equips them with the confidence they need to communicate messages on sexuality and sexual behaviour ... in spite of the traditional perception of these [subjects as taboo]. (USAID, 2008b, 41)

Teachers also reported that following initiation of the programme, fewer female adolescents were becoming pregnant, entering early or forced marriages, dropping out of school, or engaging in risky sexual activity. Despite a “strong and overwhelming conviction” among teachers that these reports were true, no statistical evidence was made available to the team to verify these claims (USAID, 2008b, 41).

While most teachers and school administrators expressed satisfaction with the PIASCY programme, others shared feelings of disappointment and frustration. Few teachers believed PIASCY to be their responsibility, leaving implementation of programme activities to overworked senior teachers with little time or energy, in addition to their teaching schedules, to accept additional responsibilities. A number of teachers noted that while age appropriate, the HIV Readers were beyond the reading comprehension abilities of their students and therefore “not actively read”

(USAID, 2008b, 41). School administrators also noted a continued lack of financial support for the PIASCY programme:

Headteachers ... complained that they did not have any funds allocated to PIASCY so they could not initiate the environment for specific activities that they would have liked. (USAID, 2008b, 41)

Finally, teachers also reported that parents' knowledge and support of the PIASCY curriculum remained minimal or non-existent. Interestingly, the evaluation report makes no mention of teachers' views on condom advocacy or promotion.

According to the Office of President Museveni (2003), long-term implementation of the PIASCY programme is intended to incorporate the approximately 620,000 Ugandan children currently out of primary/secondary schools (UNESCO, 2012). However, as of mid-2013, PIASCY remains an exclusively *school*-based prevention scheme. In the government's absence, non-governmental organisations – particularly the African Youth Alliance – have borne the responsibility of providing out-of-school youth with information on both sexual/reproductive health and HIV/AIDS.

3.5 Stage 4 – *Internalisation/Indigenisation*

The final stage of Phillips and Ochs' (2003, 456) framework – *internalisation/indigenisation* – requires reflective analysis of the effects of policy borrowing on “pre-existing arrangements in education”. The framework's authors conceptualise this stage as a series of four steps:

1. *Impact on the existing system or 'modus operandi'* – examination of the motives and objectives of policy-makers in conjunction with the pre-existing educational system;
2. *Absorption of external features* – investigation of the degree to which elements of foreign contexts were adopted and absorbed into the local system;
3. *Synthesis* – analysis of the process through which policy and practice became part of the nation's overall educational strategy; and

4. *Evaluation* – appraisal and reflection to determine whether expectations for reform have in fact been fully realised.

Impact on pre-existing education system

As reported in the 2004 National Survey of Adolescents, pre-existing educational interventions (i.e., SHEP) failed to reach the majority of Uganda's children and adolescents. A number of factors contributed to this failure. First, the NRM government committed few of its own financial or human resources to SHEP, relying on UNICEF to both design and implement the programme. As a result, programme implementation was neither uniform nor pervasive. Interminable civil conflict in Northern Uganda prevented regional teacher training and materials dissemination, leaving many educators in northern districts without the requisite knowledge and skills to implement the programme effectively. Teachers in all regions of Uganda expressed a reluctance to discuss what they perceived as 'taboo' subject matter (i.e., human sexuality and sexual health) with primary school-aged youth. While some had been adequately trained to provide medically accurate information on HIV/AIDS, few expressed confidence in their ability to do so.

In response to these challenges, the Ugandan government designed the PIASCY programme to "provide all school-going children and teachers with information on HIV/AIDS" and to "help both the HIV-infected and affected cope with the disease" (Mudege & Undie, 2009, 8). It launched the programme nationwide with the following goals and objectives in mind:

- Increase the capacity of a network of educational institutions (public and private) to continuously increase behaviour change;
- Increase the skills and knowledge of chief actors – teachers, parents, community leaders, and pupils – that culminate in the practice of behaviours that delay sex until marriage; and,
- Promote a stigma-free school environment in support of children infected and affected by HIV/AIDS. (Ministry of Education & Sports, 2008, as cited in Mudege & Undie, 2009, 8)

Absorption of external features

Given that Steiner-Khamsi (2004, 69) suggests that borrowed educational models “barely resemble their original sources”, the degree to which the Ugandan government has absorbed features of the American model of abstinence education is extraordinary. In addition to copying the A-H criteria almost verbatim, the NRM government also retained many features of American abstinence-only curricula. Emulation is particularly evident in the tone and content of the PIASCY teachers’ manual. Both the manuals and many of America’s most popular abstinence-only curricula contain strikingly similar information on the risks of pre-marital sexual activity, the effectiveness of contraceptives, and the role of religion in HIV/AIDS prevention. For example, the American abstinence curriculum *Choosing the Best Path* suggests a long list of psychological problems – including depression, loneliness and suicide – “can be eliminated by [remaining] abstinent until marriage” (U.S. House of Representatives, 2004, 20) . Along the same lines, the PIASCY manual claims that youth “will grow better” – both psychologically and physically – without sex before marriage (Uganda Ministry of Education & Sports, 2004b, 27). Several American abstinence curricula – including *Why kNOw, I’m in Charge of the FACTS*, and *Me, My World, My Future* – suggest that condoms are not an appropriate or effective prevention method for children and adolescents at risk of contracting HIV (U.S. House of Representatives, 2004). Likewise, PIASCY cautions teachers to warn primary pupils that “condoms are too big” and will likely “slip or break” with use (Uganda Ministry of Education & Sports, 2004b, 136). A newsletter accompanying *Why kNOw* suggests those who engage in pre-marital sexual activity are “no longer ... valued as spiritual beings made by a loving Creator” (U.S. House of Representatives, 2004, 15). PIASCY echoes this view, describing sex outside marriage as “sinful and dishonouring to God, the creator” (Uganda Ministry of Education & Sports, 2004a, 10). The veracity and impact of these claims – and of other aspects of the discourse on AUME – are examined in later chapters.

Synthesis

As noted previously, the American model of abstinence education became a central component of Uganda’s overall prevention strategy through its so-called A-B

policy. A significant amount of confusion has resulted, however, from the NRM government's continued use of the 'ABC' moniker to describe its prevention efforts through PIASCY. Officials in the Ministry of Education & Sports insist the programme follows an ABC model, noting:

“‘A’ is for Abstinence, and we state that all children should abstain. ‘B’ and ‘C’ are for teachers.” (Mudege & Undie, 2009, 22)

No previous definition of the ABC model, however, limits ‘B’ and ‘C’ interventions to sexually active *adults*. From the early 1990s until 2003, the Ugandan government pursued a comprehensive approach to ABC, as defined by UNAIDS (Evertz, 2010, 9, italics added):

Abstinence or delayed first sex

Being safer by being faithful to one partner or by reducing the number of sexual partners

Correct and consistent use of condoms for *sexually active young people*, couples in which one partner is HIV positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure

In 2004, however, the NRM government adopted the radically divergent PEPFAR interpretation of ABC (Evertz, 2010, 9):

Abstinence for youth, including the delay of sexual debut and abstinence until marriage

Being tested for HIV and being faithful in marriage and monogamous relationships

Correct and consistent use of condoms for those who practice high-risk behaviors¹⁸

This revised definition was consistently impressed upon PIASCY educators throughout their UPHOLD and UNITY training. It does not appear to have been clearly communicated to all PIASCY beneficiaries, however. As detailed in the

¹⁸ PEPFAR defines “those who practice high-risk behaviors” as “prostitutes, sexually active discordant couples, substance abusers, and others” (Evertz, 2010, 10).

following sub-section, a number of teachers continue to operate under the assumption that A, B and C apply to *all* Ugandans, including sexually active young people.

Evaluation

The most recent nationwide evaluation of the PIASCY programme was carried out in February 2009 by the African Population and Health Research Center (APHRC). Based on a variety of qualitative collection methods – including focus groups, informant interviews, and naturalistic observations at 80 primary schools¹⁹ throughout Uganda – the APHRC study represents the most comprehensive assessment of the PIASCY programme to date [see Figure 10].

Respondent category	Collection method	Number of respondents per method	Sample size
Pupils	Focus groups 2 x 80 schools	160 focus groups x 6 pupils	960 pupils
Teachers	Focus groups 1 x 80 schools	80 focus groups x 4 teachers	320 teachers
Parents	Focus groups 1 x 10 communities	10 focus groups x 8 parents	80 parents
Headmasters	Informant interview	1 interview x 8 headmasters	8 headmasters
PTC Representatives	Informant interview	1 interview x 6 PTC representatives	6 PTC representatives
Teacher trainers (UPHOLD)	Informant interview	1 interview x 6 teacher trainers	6 teacher trainers
MoES officials	Informant interview	1 interview x 3 MoES officials	3 MoES officials
UNITY representative	Informant interview	1 interview x 1 UNITY representative	1 UNITY representative

Figure 10. Respondent categories and sample size, APHRC evaluation.
(Source: *Mudege & Undie, 2009*)

¹⁹ Given the relatively recent introduction of PPET PIASCY, the programme evaluation was conducted exclusively in primary schools. Twenty primary institutions (10 urban and 10 rural) were selected from each of four geographic regions in Uganda. The majority of schools selected (60) were so-called ‘Model Schools’ or ‘Centres of Excellence’; the remainder (20) were private institutions.

As noted by the study's authors (Mudege & Undie, 2009, 9), the evaluation was guided by the following five research questions

1. To what extent is PIASCY achieving its planned goals and objectives (e.g., increased capacity to deliver learning resources and materials, increased skills and knowledge of chief actors, and promotion of stigma-free environments)?
2. What are the strengths and limitations of the design, organisational structure, and rollout of PIASCY?
3. What are the lessons learned and best practices for continued rollout of the programme?
4. What are the unintended consequences of the development and implementation of PIASCY?
5. What are the sustainability issues that will need to be addressed in handing over the programme?

The following sub-section explores the results of the evaluation in the context of these questions. Particular attention is paid throughout the evaluation to the challenges confronting the PIASCY programme moving forward.

Question 1: To what extent is PIASCY achieving its planned goals and objectives?

Goal 1: Increased capacity to deliver learning resources and materials

According to key informants from UPHOLD, UNITY and the MoES, nearly 114,000 copies of PIASCY handbooks, reader kits and posters had been distributed to primary schools since the programme's inception in early 2004. As reported by one Ministry official, however, “delivering the materials to schools is one thing and having people who are able to [use] them is another” (Mudege & Undie, 2009, 13). Due to relatively poor English language proficiency, a significant number of primary teachers reported their pupils struggled to read the PIASCY posters, readers and texts. As reported by teachers in eastern Uganda:

Some words in English cannot be easily translated into the local language. For instance, the words on the posters can be hard to interpret. The language

used in the reading material is too technical for the pupils, and it's even harder for us teachers to help them understand. (Mudege & Undie, 2009, 14)

While Ministry officials claimed that all PIASCY materials had been “field tested and revised” before being issued for general use, both teachers and pupils suggested they had limited input on both the types of texts developed and the language(s) in which materials were conveyed (Mudege & Undie, 2009, 14). As a result, in most focus group discussions with pupils, respondents spoke of a notable paucity of appropriate PIASCY reading materials for children (Mudege & Undie, 2009).

While beneficial in many respects, Uganda's commitment to universal primary education (UPE) has also presented schools with a number of formidable challenges. As tens of thousands of children began flooding the nation's primary schools in the late 1990s and early 2000s, teachers and school administrators struggled to meet the needs of students in severely overcrowded conditions. As a result, APHRC researchers found the number of PIASCY readers allocated to schools insufficient for student demand. Researchers also noted the failure of the PIASCY programme to adequately respond to the needs of older Ugandan students newly enrolled in the primary system. While these students would normally qualify for PIASCY (by virtue of their age), those placed in lower grades (by virtue of their skill set) were typically denied access to materials designed for pupils in grade P3 and above:

[PIASCY] was designed ... [for] P3 to P4. [Mature pupils] are left out of the curriculum and are therefore at risk of behaving naively with regards to sex and HIV. (Mudege & Undie, 2009, 14)

Several teachers in the study's focus groups admitted to censoring the content of PIASCY materials and messages “according to their personal beliefs” (Mudege & Undie, 2009, 15). As noted by the study's authors,

A good number of teachers at the lower primary level tend to emphasise topics such as personal hygiene, the importance of living in a clean environment, and of hand-washing after using the toilet, rather than life skills education, such as saying ‘no’ to sex. (Mudege & Undie, 2009, 15)

The APHCR researchers also noted a strong perception among headteachers that PIASCY materials should be “kept looking ‘new’” (Mudege & Undie, 2009, 15), even when efforts to protect the texts from damage severely limited student access. As reported by Ministry officials,

[The PIASCY materials we send to primary schools] are not being used. Instead, they are kept in cabinets by the head teachers ... [who] claim that the children cannot borrow the books because they don’t have bags, so if it rains, the books will be spoilt. (Mudege & Undie, 2009, 15)

As a result, many study respondents viewed textual PIASCY messages – including readers, posters and Talking Compounds – as having the “least impact on pupils” (Mudege & Undie, 2009, 1-2). This finding was confirmed by a focus group of male primary pupils in the eastern region of Uganda:

Reading is the least-effective [PIASCY-related activity] because teachers do not let us read the books.

Goal 2: Increased skills and knowledge of chief actors

Regardless of these challenges, the majority of study participants perceived PIASCY as “having a positive influence” on programme beneficiaries (Mudege & Undie, 2009, 15). A significant number of teachers were found to have formed so-called ‘PIASCY teachers’ committees’; meeting several times a month to plan activities, prepare timetables, and discuss their role(s) within the programme, committee teachers reported a positive evolution in their personal understanding of HIV/AIDS:

I treat all children equally, whether [they] are positive or negative, unlike before where we used to see no need of HIV-positive students even studying because they will die soon.

Pupils in APHRC focus groups were noted as “fairly consistent and accurate” in naming key PIASCY messages, suggesting “successful retention of knowledge gained from PIASCY activities” (Mudege & Undie, 2009, 16). Pupil participation in extra- and co-curricular activities – particularly Music, Dance and Drama (MDD)

clubs – was found to have the most positive impact on skills and knowledge acquisition. As noted by male pupils in eastern Uganda:

I think music, dance, and drama have had the strongest impact. When we participate in a play, we act as if it's real and the message people get affects them permanently. (Mudege & Undie, 2009, 18)

This sentiment was also shared by key informants from both UNITY and the Ministry of Education & Sports:

MDD clubs are [good]. Students come up with issues that affect them. The children are happy and sometimes cry when the events are being dramatised.

Up to now, the MDD are still in demand. I think they should be replicated, promoted and supported. (Mudege & Undie, 2009, 18)

Overall, the evaluation found that participation in PIASCY activities “gave pupils ownership of the programme while simultaneously enhancing their knowledge of HIV, their coping skills ... and their agency in proactively addressing situations that could expose them to contracting HIV” (Mudege & Undie, 2009, 18). Although APHRC researchers also claimed the increase in knowledge had produced positive changes in pupil behaviour, no quantitative data or statistical evidence was provided to support this bold contention.

Goal 3: Promotion of stigma-free environments

In addition to skills and knowledge acquisition, PIASCY was also found to play “a major role in reducing stigma against people living with HIV/AIDS in schools” (Mudege & Undie, 2009, 20). The vast majority of pupils in APHRC focus groups reported they had been taught not to fear or discriminate against HIV-positive individuals (Mudege & Undie, 2009). Schools less engaged in PIASCY activities, however, were often found to “lag behind” (Mudege & Undie, 2009, 21):

[in] schools that were more clearly engaged with PIASCY, the notions of love and care for people living with HIV were often mentioned by pupils. On the other hand, pupils from less actively engaged schools often indicated that their schools were not ‘good places’ for children living with HIV/AIDS. (Mudege & Undie, 2009, 21)

While efforts to reduce individual stigmatisation appeared largely successful, at the level of institutional administration, discrimination remained a challenge. Headteachers were found to remove HIV-positive teachers from positions of authority; as noted by one Ministry informant:

Some headmasters are taking infected teachers off the pay roll, or transferring them haphazardly to schools where they may have problems accessing [antiretroviral treatment]. (Mudege & Undie, 2009, 21)

Question 2: What are the strengths and limitations of the design, organisational structure, and rollout of PIASCY?

Strengths and limitations of the PIASCY design

According to APHRC researchers, the greatest strength of PIASCY is that it is “a comprehensive, holistic programme in which all actors are simultaneously imparters and recipients of PIASCY knowledge” (Mudege & Undie, 2009, 21). Focus group participants and Ministry informants were particularly enthusiastic proponents of the programme’s ‘whole school approach’ to prevention:

For example, while conducting P.E. [physical education], a teacher will be interacting with a number of pupils and can use that opportunity to engage them on issues to do with sexual and reproductive health, sexuality, and HIV/AIDS. The teacher can also request children to write about HIV/AIDS and describe what they see as part of a composition lesson. In an art lesson, the teacher can ask children to sit and think about a family that has been left desolate as a result of HIV and put an image on paper. This will teach the child creativity and at the same time allow the children to think and talk about HIV/AIDS. (Mudege & Undie, 2009, 21-2)

Great enthusiasm was also expressed for the ‘inclusive’ nature of the PIASCY design process, particularly the involvement of the nation’s faith-based organisations. The study’s authors described religious organisations as having a “vested interest in the issue of sex education in schools” (Mudege & Undie, 2009, 22):

Given that most primary schools in Uganda have a religious affiliation, religious issues were also taken into account during the design of PIASCY.

Without close consultation with a variety of stakeholders, and particularly religious stakeholders, the very existence of the PIASCY programme may have been threatened. (Mudege & Undie, 2009, 22)

While respondents generally expressed satisfaction with the programme's design, several limitations were also identified. Centres of Excellence/Model Schools were specifically singled out as a failure of PIASCY planning. Indeed, the Model School approach was not well understood by the majority of schools who did not receive programme grants, "fostering suspicion and [the] perception that Model Schools/Centres of Excellence receive[d] ... favours from the government" (Mudege & Undie, 2009, 22). As noted by a UNITY official,

Some schools refused to participate [in PIASCY] because we had adopted a strategy of giving a small incentive to the Model Schools. Those who did not receive the financial incentive felt marginalised and started saying that they would not do anything without getting something. (Mudege & Undie, 2009, 22)

Model School teachers also reported difficulty engaging with their 'satellite school' colleagues:

Since we are a Model School, when we invite other schools to come, they expect transport, food, and an allowance, which are not provided for, so they think we ate the money. (Mudege & Undie, 2009, 22)

Teachers, parents and community members all expressed a desire for more input in PIASCY activities. Teachers in both Model and satellite schools reported very few opportunities to develop their own lesson plans and budgets to address the particular needs of their students. They also reported the top-down training approach had limited their ability to engage with parents in a meaningful way:

The design is upper-centred. The people at the top designed PIASCY without consultation with stakeholders ... We are supposed to read and teach children, but their parents were never catered for or sensitised; thus, there is a gap between parents and teachers.

Indeed, few parents and community members appeared to fully understand their role as actors within the PIASCY programme. The study's authors found "no deliberate

effort to ensure that parents understood the programme and saw themselves as an integral part of it” (Mudege & Undie, 2009, 23).

Strengths and limitations of organisational structure and roll-out

According to Mudege and Undie (2009, 26), the greatest strength of PIASCY’s organisational structure and roll-out was the programme’s “alignment with the pre-existing structures of the MoES”. The ingenuity of programme implementers was also identified as a major strength of PIASCY roll-out. Given a limited budget within which to work, UPHOLD and UNITY trainers were praised for their use of the cascade training model to reach teachers in satellite schools. This approach, noted the study’s authors, demonstrated “adaptability” and “creativity” (Mudege & Undie, 2009, 26):

[National] rollout was accomplished in a record time of five months ... It was probably among the most ambitious rollout efforts of its kind in Africa. (UPHOLD, 2008, 78, cited in Mudege & Undie, 2009, 26)

Although proponents of the knowledge cascade approach, APHRC researchers found the number of Centres of Excellence/Model Schools completely inadequate “to serve the number of satellite schools that needed their support” (Mudege & Undie, 2009, 26). To alleviate this problem, the Ministry encouraged each of the existing 1,078 Model Schools to create one more Centre of Excellence, resulting in a total of 2,156 Model Schools by the end of 2007. During this time, however, the total number of Ugandan primary schools increased significantly, “undermining the potential impact of an increase in Centres of Excellence” (Mudege & Undie, 2009, 26). As noted by a Ministry informant:

The schools also increased from 15,000 to 17,008. The Centres of Excellence are still too few to cover all [the satellite] schools effectively. (Mudege & Undie, 2009, 26)

Although Centres of Excellence/Model Schools were designed to produce a “critical mass” of PIASCY educators, frequent teacher turn-over and transfer between schools was found to leave “a gap in institutional knowledge” (Mudege & Undie, 2009, 27).

[While] teachers did proceed to train other teachers at their schools ... they were sometimes still regarded as the repositories of PIASCY knowledge and the drivers of the school-based programme. This meant that whenever they were transferred, the programme often came to a standstill. (Mudege & Undie, 2009, 35)

This phenomenon was confirmed by a group of female primary pupils in the northern region of Uganda:

They used to tell us about HIV/AIDS [during assemblies], but these days, they don't ... the [PIASCY] teacher went away to another school. (Mudege & Undie, 2009, 27)

The PIASCY roll-out was also found to poorly integrate both private schools and local district authorities. While “indirectly included in PIASCY’s centrifugal approach” as satellite schools, private institutions were not selected as Centres of Excellence (Mudege & Undie, 2009, 28). Private school personnel were not directly trained in programme implementation and were not provided with PIASCY texts. Local district authorities – while expected to monitor and evaluate programme activities – were also found to be largely excluded from PIASCY roll-out. As a result,

Few schools were satisfied with the monitoring of their activities ... Some school personnel mentioned that they had received [only] one monitoring visit over the life of the programme; others reported not being monitored at all. (Mudege & Undie, 2009, 28)

Oddly, Mudege and Undie fail to link roll-out challenges with UPHOLD’s decision to complete teacher orientation six months ahead of schedule and considerably under budget.

Question 3: What are the lessons learned and best practices for continued rollout of the programme?

The study’s authors suggested several lessons learned and best practices for the continued roll-out of PIASCY:

Lessons learned

- Language barriers, insufficient supplies, censorship and efforts to preserve PIASCY texts may prevent effective use of programme materials.
- The practice of involving an extensive range of stakeholders in programme design and implementation was critical to PIASCY roll-out. According to Mudege & Undie (2009, 29), the practice of incorporating religious organisations – the “powerful gatekeepers of parochial schools” – was a particularly important component of programme ‘success’.
- The lack of monitoring and feedback for teachers and schools had led many to disengage with the PIASCY programme. Training only three teachers per institution was also deemed insufficient, particularly when teachers are frequently transferred between primary schools (Mudege & Undie, 2009).

Best practices

- The establishment of supportive structures such as PIASCY teaching committees and Safety Friends Networks was found to encourage ownership of the programme by a wide variety of pupils and school personnel.
- Child-centric PIASCY activities – including MDD clubs and suggestion boxes – were found to enable pupils to gain valuable information on HIV/AIDS while also having their issues addressed in a non-threatening school environment.
- PIASCY was found to encourage partnerships and collaboration between schools and various community organisations.

Question 4: What are the unintended consequences of the development and implementation of PIASCY?

The study's authors identified a number of unintended consequences – both positive and negative – associated with the introduction of the PIASCY programme.

Positive unintended consequences

Although intended for primary pupils in grades P3 through P7, PIASCY was also found to reach student populations for whom the programme was not originally intended. For example, secondary school students – who, at the time of APHRC's evaluation, had not yet been formally exposed to the PIASCY curriculum – were found to “none-the-less gain PIASCY knowledge by reading the messages posted on school compounds” (Mudege & Undie, 2009, 30). Students in primary schools were also able to gain access to information on topics related to HIV – including sexuality, reproductive health and general safety – through the context of the PIASCY programme.

PIASCY was also found to increase confidence in both primary teachers and their pupils. Some teachers noted that programme training had improved their understanding of HIV/AIDS and their ability to confidently communicate with their own children on the topics of sexuality and sexual health. According to a Ministry official, pupils' confidence was also increased by regular participation in dramatic productions at school:

Children's confidence ... increased as they were given opportunities to give testimonies and share with others in the assembly. In one district in Eastern [Uganda], although it was not during the assembly, a pupil openly told the headmaster that her guardian was sexually abusing her and that the guardian had HIV. The guardian was reported and arrested and as we speak he is in jail. However, the girl was tested and she had already been infected. However, this also sent a message to the community that if you do something to the children, they will report you to the school teachers.

Negative unintended consequences

PIASCY was perceived by the majority of teachers in all regions of Uganda as having produced an unwelcomed increase in their workload. In all 80 focus groups conducted with teachers, the following sentiment was repeated:

In my view, [PIASCY] consumes a lot of time. Training the girls takes time. Assembly time has expanded from 30 minutes to two hours ... It is tiresome.

A lack of monetary compensation for participation in the programme was also identified as a major weakness of PIASCY. A number of other teachers noted that, while invaluable, singing and drama clubs had become the centrepiece of the PIASCY programme, limiting their ability to impart more technical information on HIV/AIDS to their pupils.

Although abstinence was consistently described by UPHOLD, UNITY and Ministry informants as “the intended focus of PIASCY”, a number of teachers in eastern and western Uganda suggested the programme “had been instrumental in helping them teach (both upper and lower primary) pupils about condoms” (Mudege & Undie, 2009, 32). According to the study’s authors, however, this behaviour was interpreted as an “honest misunderstanding of PIASCY objectives rather than a serious attempt to ‘rebel’ against them” (Mudege & Undie, 2009, 2).

The study’s authors also identified a perception among some programme participants that establishment of the PIASCY programme was “a purely political endeavour” (Mudege & Undie, 2009, 39). Both teachers and Ministry officials acknowledged this perception served “as a deterrent to [programme] participation”:

The President’s picture is on all the PIASCY material. If the President goes, the whole project may be regarded as political, and I think this is a problem for us. There may be a backlash against the project... We need to remove the picture of the President from the materials in the new[ly] revised versions.

The President attributes the successes of PIASCY to his political party, which annoys other would-be PIASCY trainers. The programme should be made neutral to all people in Uganda. (Mudege & Undie, 2009, 32)

With one exception – the UNITY representative, as noted below – no study participants made reference to USAID’s involvement in programme design, development, and implementation. It is unclear whether this omission resulted from a lack of awareness on behalf of study participants, or of a genuine belief the organisation played a minimal role in the PIASCY programme.

Question 5: What are the sustainability issues that will need to be addressed in handing over the programme?

The majority of study participants raised questions regarding the financial sustainability of the PIASCY programme. Although many respondents perceived high-level political support for PIASCY, others acknowledged the government’s previous lacklustre financial contributions to HIV/AIDS prevention efforts. As noted by the UNITY representative:

The only big problem I see with PIASCY is its dependence on donor funding. PIASCY is PEPFAR-funded, and I do not see the Ugandan government being able to sustain it if USAID pulled out. We need to be integrated into the system so that the programme becomes sustainable. The government is supposed to put in money; however, with the competing priorities, it may not be able to do so. For example, now we have free primary and secondary education, so a lot of money in the national budget has to cover these things. The HIV budget is also very small; therefore, projects like PIASCY have had to rely strongly on [foreign aid]. (Mudege & Undie, 2009, 33)

This belief was widespread, as was the perception of so-called ‘information fatigue’. Several respondents, including Ministry officials, warned of the risk of complacency on behalf of teachers and their pupils:

People say there is a lot of information fatigue and yet there is always a new generation of students, and we need to constantly bombard them with information. (Mudege & Undie, 2009, 33)

Questions were also raised regarding the sustainability of PIASCY activities given both the lack of trained teachers and the shortage of programme texts:

An inadequate number of books per school, coupled with some school personnel placing more value on preserving the texts than on allowing pupils

to read them, could pose limitations to the sustainability of the programme. (Mudege & Undie, 2009, 34)

3.6 Evaluation Limitations

While the APHRC evaluation provides valuable insight into the PIASCY programme, methodological limitations mitigate its utility. First, the study's researchers failed to incorporate a single public satellite institution in their sample of primary schools. This omission is curious, particularly given the insight such institutions were likely to provide with regard to programme implementation. Indeed, the exclusive focus on Model Schools and private institutions offers little information on how the vast majority of Ugandan primary schools understood and experienced PIASCY. Second, the evaluation makes no reference to the adequacy or accuracy of PIASCY programme content; the degree to which curricular content responds to the prevention needs of Ugandan children and adolescents thus remains unknown. Finally, the evaluation was neither objective nor independent; although conducted by the African Population and Health Research Center, it is noteworthy that data collection and report dissemination were wholly financed by USAID.

3.7 Phillips & Ochs' Framework and the GSAE Approach

Uganda's adoption of American-style AUME provides fertile testing ground for Phillips and Ochs' analytical framework for policy borrowing. The following sub-section explores the utility of this framework in the context of the GSAE approach to the study of education in the era of globalisation.

According to Dale (2000), the GSAE approach to educational research centres on three important questions. As noted in Chapter One, these questions serve as a template for the following research questions:

1. In Uganda's efforts to prevent HIV/AIDS through abstinence-until-marriage education, who gets taught what, how, by whom, and under what conditions and circumstances?

2. How, by whom, and with what relations to other sectors and through what structures, institutions, and processes is abstinence-until-marriage education defined, governed, organised and managed in Uganda?
3. To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of adopting an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

Each question will be explored separately below in light of the details revealed by the application of Phillips and Ochs' framework.

In Uganda's efforts to prevent HIV/AIDS through abstinence-until-marriage education, who gets taught what, how, by whom, and under what conditions and circumstances?

Phillips and Ochs' framework imparts a great deal of information regarding the basic elements of the PIASCY curriculum. It reveals that PIASCY is an HIV/AIDS prevention programme largely based on an American statutory definition of abstinence education that deems pre-marital sexual activity morally, psychologically and physically abhorrent. Although recent efforts have been made to extend PIASCY to students in post-primary institutions of learning, the programme – featuring a variety of in-class and extra-curricular activities – is primarily taught by senior school teachers to children in grades P3 through P7. As of early 2013, the PIASCY programme remains unavailable to out-of-school youth.

Phillips and Ochs' framework also divulges the difficult circumstances and troubling conditions in which the PIASCY programme is implemented. It reveals that many Ugandan adolescents engage in sexual activity at very young ages, yet few access prophylactic devices or have comprehensive knowledge of HIV/AIDS and/or pregnancy prevention. Peer pressure and financial hardship compel a significant portion of Ugandan youth – particularly adolescent girls and young women – to engage in high-risk transactional relationships. Sexual violence, coercion and harassment is common, and in many communities, widely accepted or ignored. While chastity is considered a desirable goal by the vast majority of Ugandans, few young people actively pursue an abstinent lifestyle.

How, by whom, and with what relations to other sectors and through what structures, institutions, and processes is abstinence-until-marriage education defined, governed, organised and managed in Uganda?

Although USAID officials strongly deny that any aspect of the PIASCY programme is “externally driven” (Cohen, 2006), Phillips and Ochs’ framework clearly demonstrates the American development organisation’s significant – if not paramount – role in the design, development and implementation of the programme. Uganda’s public health experts and civil society organisations, when left to their own devices in 2002, developed a comprehensive HIV/AIDS prevention programme based on the largely successful ABC model. It was not until the injection of PEPFAR grant funds and the involvement of USAID in the design process for revised teaching materials in 2003 that PIASCY transformed into an abstinence-*only* curriculum. USAID – rather than the Ugandan government – insisted upon the inclusion of conservative evangelical organisations in this process, and on the eventual exclusion of any information or images depicting condom use, safer sex and/or genital hygiene.

While the Ugandan Ministry of Education and Sports technically administers PIASCY on behalf of the NRM government, nearly every aspect of programme implementation and oversight has been managed by USAID and its non-indigenous magisterial affiliates. The JSI Research & Training Institute, Inc. (2013) – a Boston-based public health consulting and research organisation “dedicated to improving the health of individuals and communities throughout the world” – financed and managed both programme design ‘negotiations’ and UPHOLD training activities through the Uganda AIDS/HIV Integrated Model District Program, or AIM. Creative Associates International, Inc. (2013) – a Washington, DC-based consulting firm specialising in “education, governance, stabilization, and transitions from conflict to peace” – managed two years of UNITY teacher training and PIASCY programme expansion through the Basic Education/Linkages to Education and Health Initiative, or ABE-LINK. The African Population and Health Research Center (APHRC) – the body responsible for PIASCY programme evaluation – is a Kenyan rather than Ugandan entity. All three organisations relied heavily upon USAID funds for their prevention and research activities in Uganda.

To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of adopting an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

While Phillips and Ochs' framework discloses a great deal about the PIASCY programme's content and delivery, it reveals very little regarding the specific interests and motives of those involved in the borrowing process. More importantly, however, it fails to provide an adequate methodological backdrop for exploring and understanding the social, educational, and health consequences of Uganda's decision to borrow an intensely baroque educational model as an HIV/AIDS prevention strategy. Indeed, there is little opportunity within Phillips and Ochs' framework to analyse how AUME ultimately affects the life chances of children, adolescents and young adults most at risk of HIV infection. Given the severity of the AIDS epidemic in Uganda and the critical need to provide the nation's youth with appropriate prevention knowledge and tools, this omission severely limits one's ability to understand the repercussions of policy borrowing in the Ugandan context.

The following chapter outlines the qualitative study I developed to address this methodological deficiency. It describes in detail the study's rationale and data collection tools, as well as the challenges I confronted in accessing both local 'gatekeepers' and the proposed study population.

CHAPTER FOUR

Proposed Qualitative Study

4.1 Introduction

Throughout 2010 and 2011 I worked to design a qualitative research study responsive to both issues raised in my third research question (Barnowe-Meyer, 2012b). My efforts ultimately produced a two-part study addressing the interests and motives of policy actors *and* the consequences borne of their decisions. The following sections outline each part in depth, including research questions, data collection tools, approaches to analysis, and methodological strengths and limitations.

4.2 Study Design – Part One

Part One of the study was designed to explore the interests motivating specific policy actors involved in the borrowing process. Semi-structured interviews with government officials, local organisations, and members of the magistracy aimed to answer the *first* portion of my third research question:

To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda?

The following sub-sections address potential research subjects, the use of semi-structured interviews, and ethical considerations. Issues pertaining to data analysis are discussed in detail later in this chapter.

Potential participants

The pool of potential research subjects for this portion of the study included:

- Ugandan Members of Parliament (MPs)
- officials within the Ugandan Ministry of Education & Sports (MoES)
- officials within the Ugandan Ministry of Health (MoH)
- members of local faith-based and community-based organisations involved in PIASCY programme development

- USAID(-affiliated) consultants, advisors and staff involved in PIASCY programme development and implementation

Individual subjects were to be selected based upon the extent of their involvement in the borrowing process. Those responsible for both codifying AUME and for implementing it via the PIASCY programme were to be approached to take part in this portion of the study. Telephone and/or email contact with prospective participants aimed to gauge initial interest; those expressing a desire to participate would then be provided with a written study outline including research aims, details of their participation, informed consent materials, and contact information for questions and/or comments. For those willing to participate, an interview of approximately one hour in duration would be arranged (either in person or over the telephone) at the participants' convenience. For reasons noted below, interview responses were to be transcribed by hand.

Data collection

Semi-structured interviews

Data collection in this portion of the study featured semi-structured interviews (SSI). In this approach, a standardised question guide is used that may be modified in the midst of the interview at the discretion of the researcher. Participants are encouraged to speak about their experiences and opinions through open-ended questions; their responses to these questions ultimately determine the focus of further questions and, to some degree, the direction of the interview (Dearnley, 2005). The flexible nature of this approach aims to encourage depth and vitality, and to allow new concepts to emerge and be explored (Dearnley, 2005). The approach is unique in that it allows 'probing' for additional information and clarification, maximising "the potential for interactive opportunities between the respondent and interviewer, which [in turn] helps to establish a sense of rapport" (Barriball & While, 1994, 331). SSI are often used when a researcher wants to "delve deeply into a topic and to understand thoroughly the answers provided" (Harrell & Bradley, 2009, 27).

The semi-structured approach was selected for a number of reasons. Firstly, it is well-suited to the exploration of attitudes, values, beliefs and motives as they

pertain to complex and sometimes sensitive issues (Barriball & While, 1994). As the research question above demands a thorough investigation of motives and interests, this feature was particularly attractive. Secondly, the method is simple, effective and practical, particularly appropriate for working with small samples and for “supplementing and validating information derived from other sources” (Laforest, 2009, 1). Finally, as participants are free to discuss issues in depth and detail, the SSI approach also has a relatively high degree of validity.

Unfortunately, the approach also has a number of methodological limitations. While respondents may speak freely, it is difficult to verify the authenticity of their statements. A small sample size, the inability to generalise, and a lack of standardisation also reduce reliability. It is possible, however, to overcome a number of these issues. Although questions may differ from subject to subject, Barriball & While (1994, 330) suggest the researcher’s interview technique can – to a certain degree – establish standardisation:

In this type of interview, validity and reliability depend, not upon the repeated use of the same words in each question, but upon conveying equivalence of meaning (Denzin 1989). It is this equivalence of meaning which helps to standardize the semi-structured interview and facilitate comparability.

As the objective of an SSI is to understand the respondent’s unique point of view, issues of generalisation are also not particularly pertinent in this aspect of the research.

Ethical considerations

Each prospective participant was to undergo a thorough process of informed consent prior to engaging in an interview. In this process, potential research subjects would be offered extensive information on the study’s aims, methods, duration, and the details of their participation. They would also receive assurance of their right to cancel or withdraw from an interview session at any time, and be offered the opportunity to request additional information or clarification. As noted by Howe & Moses (1999, 25-26), part of the informed consent process also involves describing

to participants “what the risks to their privacy may be and what measures will be taken to ensure anonymity and confidentiality”. While these terms are often conflated in much of the literature on research methods, confidentiality and anonymity are “related, but distinct concepts” (Wiles, Crow, Heath & Charles, 2006). Maintaining confidentiality requires limiting access to both participants’ identifying information and their responses to only the investigator (or, if applicable, members of a research team). According to Wiles et al (2006), anonymity is “[the] vehicle by which confidentiality is operationalised”. I intended to provide anonymity in this study by limiting the collection of identifiable information, encrypting data, assigning security codes to all computerised study materials, and using pseudonyms or vague identifiers (e.g. ‘Ministry official’, ‘USAID consultant’, etc.) in the study’s eventual dissemination.

Assurances of confidentiality and anonymity notwithstanding, I fully anticipated a number of challenges moving forward with this portion of the study. It was unknown, at the time of its development, whether any of the actors involved in the borrowing process would consent to an individual interview (as noted below, this concern proved well-founded). Revealing the true motives and interests of these actors was also expected to be a very difficult task. While I anticipated their responses to include a variety of ‘talking points’ and platitudes, I designed the interview guide to pointedly address specific issues of interest, including the role of PEPFAR funds and magisterial ‘support’ in the borrowing process. I was hopeful the incorporation of these topics would encourage interview subjects to speak openly and with candour. Recording interview responses with only paper and pen was also intended to put the participants at ease. While audio-taping of interview sessions is often the method of choice, it was believed the prospect of being ‘on the record’ could inhibit some of the participants (particularly elected officials). Offering participants a full interview transcript and assuring their anonymity in the study’s publication was also hoped to eliminate any initial trepidations regarding their assistance.

4.3 Study Design – Part Two

Part Two of the study was designed to explore the ramifications of Uganda's efforts to borrow AUME, specifically the impact of the PIASCY programme on adolescent girls and young women. Qualitative methods – including focus group sessions, ethnographic interviews, and non-participatory classroom observations – were to be pursued with female students aged 12 to 19 years at three primary schools in the Wakiso district of Uganda. These methods, described in detail below, aimed to answer the *second* portion of my third research question:

What are the social, educational and health consequences of adopting an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

Prior to sharing the methodological approach selected for this portion of the study, I turn briefly to explain the gendered context of my enquiry.

A gendered perspective on HIV/AIDS prevention

The exclusive focus on adolescent girls and young women stemmed from both practical and cultural considerations. As a female, non-Ugandan researcher, I believed I was unlikely to receive accurate information from young Ugandan males regarding their attitudes toward abstinence and pre-marital sexual activity that was not unduly influenced by my own gender, age, or ethnic/national origins. More importantly, however, Uganda's adolescent girls and young women are at far greater risk of contracting HIV than are their male peers. Indeed, previous research suggests they are *9 times* more likely to acquire the virus between the ages of 15 and 19 (Kibombo, Neema & Ahmed, 2007; Darabi et al, 2008). Adolescent girls and young women are more likely to initiate sex at younger ages, to enter into sexual relationships with older (and more experienced) male partners (Darabi et al, 2008), and to engage in multiple, high-risk transactional partnerships (Nyanzi, Pool & Kinsman, 2001; Darabi et al, 2008). They are also more likely to relinquish control over the use of condoms (Neema et al, 2006; Moore et al, 2007), and to be the victims of sexual violence and coercion (Nyanzi, Pool & Kinsman, 2001; Moore et al, 2007).

In addition, Ugandan cultural norms often place girls and young women in positions of social inferiority in mixed-gender environments (Kakuru, 2008; Leach, 2008). The nation's schools, for example, are frequently sites of hegemonic masculinity, gendered discipline patterns and instructional methods, as well as sexual harassment, intimidation and coercion. A 2001 study examining the 'culture' of Ugandan schools – including administration, curriculum, pedagogy and classroom environment – found males to monopolise nearly all administrative and student leadership positions within the institutions surveyed (Mirembe & Davies, 2001; Barnowe-Meyer, 2012b). Boys openly refused to respect the authority and seniority of female teachers, and to allow girls to assume influential classroom roles. Girls were portrayed by interview and focus group participants as weak and incompetent, while boys were depicted as academically and intellectually superior. The study's authors reported a "systematic socialization of pupils that power is unidirectional and male, and that leadership is masculine in its operation" (Mirembe & Davies, 2001, 407).

Gendered discipline patterns and instructional methods are also commonplace. Girls are often subjected to more rules and regulations than boys – particularly with regard to dress, appearance and behaviour – and are frequently punished for 'tempting' incidents of harassment, teasing or bullying (Barnowe-Meyer, 2012b). Access to knowledge in a number of subjects is also tightly controlled and gender-specific; the majority of surveyed pupils and most male teachers, for example, "did not believe that science was 'for the female'" (Mirembe & Davies, 2001, 408). Girls and boys are often "channelled into the 'right' future careers" (Mirembe & Davies, 2001, 408), thus reinforcing dominant gender roles in a highly patriarchal society. As worryingly noted by Mirembe & Davies (2001, 414), as "girls experience greater domination and policing, there is a subsequent cycle of lack of self-direction and increased dependency" on male peers and figures of authority.

Sexual harassment and coercion – including abusive language, sexual graffiti, unwanted touching, and deliberate intimidation – are regularly experienced by both

female teachers and their female pupils (Mirembe & Davies, 2001). Harassment of female students by male teachers is widely tolerated, and incidents of explicit sexual contact between teachers and students are not uncommon (Mirembe & Davies, 2001). In a 2001 study by Nyanzi, Pool & Kinsman, female respondents noted that teachers often “seduced, intimidated and sometimes forced students to have sex with them” (2001, 90). They reported that teachers used “ploys ranging from sweet words of praise, the promise of marriage and a secure future, and undeserved high marks to threats of manual labour and corporal punishment” (Nyanzi, Pool & Kinsman, 2001, 90). Rather than properly identifying these incidents as coercive – and the female students as victims of assault or molestation – they are often characterised as manipulative and weak:

To boys, the knowledge of teacher-schoolgirl relationships creates the impression that all girls are materialistic and that they seek preferential treatment by selling their bodies to teachers to compensate for their lesser abilities ... the perception of girls ... seen as achieving on the basis of their sexuality rather than their intellect does nothing to promote more equal gender relations or more consensual sexual relationships. (Leach, 2008, 75)

These incidents are rarely officially reported, and head teachers – predominantly male – often refuse to acknowledge they occur (Mirembe & Davies, 2001). Wanton disregard or normalisation of sexual harassment and coercion further perpetuates the already widely held assumption “that women are inferior to men, that they are the property of men, and that they are expected to gratify male sexual desire” (Leach, 2008, 75).

Gender hierarchies thus persist and flourish in Ugandan schools and classrooms – and in broader Ugandan society – as both school and community leaders repeatedly fail to challenge deep-seeded patterns of inequality and exploitation. Sexual and reproductive health programmes dependent upon “a general notion of partnership in disease prevention” – including PIASCY – are profoundly incompatible with institutional cultures promoting dependency and domination (Mirembe & Davies, 2001, 414). Not surprisingly, girls and young women within such environments often express little hope or optimism for their future lives. Indeed, the majority of young Ugandans – particularly girls and young women –

believe that eventually contracting HIV is more or less a foregone conclusion, an “inescapable reality” (Kibombo, Neema & Ahmed, 2007, 180). This tragic pronouncement, and the troubling circumstances outlined above, made in-depth study of their lived experiences and unique perspectives on abstinence, sexual behaviour and HIV/AIDS particularly vital and compelling (Barnowe-Meyer, 2012b).

Selection of schools

This portion of the study was to be conducted at three primary schools (or blended primary/secondary schools) in the Wakiso district of Uganda. Wakiso – the nation’s second most-populated district – was selected based upon the large number of urban and rural schools within its jurisdiction, as well as its considerable distance from the civil conflict in the northern region of the country.

Upon receipt of study approval and registration (a process outlined below), the selection of schools was to be based on the following broad criteria:

- Programmatic options: the school must offer the PIASCY curriculum;
- Location: the entirety of the school campus and grounds must be located in Wakiso;
- Size: the school population must exceed 100 students;
- Gender composition: the school must have a female student population of at least 40 per cent. Of the three schools sampled, one must have an all-female student population²⁰.
- Age composition: the school must enrol students of the target age population (12-19 years). Schools were not, however, required to enrol students within the full range of the target population (i.e., a school need not enrol students 18 or 19 years of age to participate). (Barnowe-Meyer, 2012b, 28-29)

Data collection

Four qualitative methods of data collection – written questionnaires, focus groups, individual ethnographic biographies, and non-participatory classroom

²⁰ A girls-only school was anticipated to offer a radically different learning environment than a co-educational institution. Its incorporation into the sample population was intended to offer a comparison to the experiences of girls in co-ed schools.

observations – were selected for this portion of the study. The following sub-section explores their individual and collective benefits and limitations.

Informational questionnaires

Written questionnaires were to be administered to all eligible female students at participating schools (see eligibility requirements below). The questionnaire was short in length (10-15 open-ended questions), brief in duration (10-15 minutes), and designed to serve two important study purposes:

1. To gather initial data on the students' understanding of 1) the PIASCY programme, 2) their school environment, and 3) their local community. If applicable, I intended to use this information to modify and/or target focus group and interview questions to particular topics and/or areas of interest.
2. To serve as my first point of contact with prospective research subjects. Students were to be asked in writing at the conclusion of the questionnaire to indicate their interest in further study participation in a focus group session and/or interview series. While it was anticipated the majority of students would decline to do so, interest from a small number was sufficient for study purposes. (Barnowe-Meyer, 2012b)

The results generated by this survey were to be used for informational purposes only, and were not intended for statistical measurement or analysis (Barnowe-Meyer, 2012b).

Focus groups

The vast majority of empirical data collected in this portion of the study was intended to emerge from focus group sessions with adolescent girls and young women. Focus groups – “carefully planned discussions designed to obtain perceptions on a defined area of interest” (Kreuger, 1994, 6) – were selected for this research based on a number of unique methodological features. Firstly, although “premised on the mechanics of one-to-one, qualitative, in-depth interviews” (Parker & Tritter, 2006, 26), focus groups have several advantages over more traditional methods of data collection (Robinson, 1999). As noted by Kreuger (1994, 109),

“people’s knowledge and attitudes are not entirely encapsulated in reasoned responses to direct questions”. Group interaction is a critically important component of the focus group method, as participants provide an audience for each other that encourages a greater variety and depth of communication (Kitzinger, 1994). There may also be a “greater degree of spontaneity in the expression of views” (Sim, 1998, 346), as group dynamics may facilitate the discussion of ‘taboo’ subjects, “since less inhibited members may break the ice or provide mutual support” (Robinson, 1999, 909). Focus groups are also highly efficient, as “the amount and range of data is increased by collecting from several people at the same time” (Robinson, 1999, 106).

Secondly, focus groups establish a “substantially different power dynamic than [do] individual interviews” (Smithson, 2000, 111). Within a focus group setting, the participants – rather than the researcher – are perceived as experts (Heary & Hennessey, 2002); as noted by Kitzinger (1994, 108), “priority is given to the respondents’ ‘hierarchy of importance’, *their* language and concepts, and *their* frameworks for understanding the world” (emphasis added):

Here the group is collectively ‘powerful’ in that they have access to shared knowledge of which the moderator (researcher) is ignorant. Rather than being constructed by the researcher as the Other ... [participants] use the focus group to position themselves between two cultures at ‘intersecting axes of identification’ (Brah, 1996). (Smithson, 2000, 112)

Thirdly, focus groups have been identified as an effective and appropriate research tool in the study of sexual health and disease prevention in children, adolescents and young adults. Barker and Rich, in their 1992 study exploring factors influencing teenage sexual behaviour in Kenya and Nigeria, found focus groups particularly useful in measuring “peer interaction as a factor in decision making about sexual activity” (Heary & Hennessey, 2002, 49). Thomas successfully implemented focus groups in his 1996 study evaluating young people’s understanding of the relationship between sexual activity and good health, describing the method as “valuable in accessing adolescents’ opinions about sex, which was perceived as a potentially embarrassing subject” (Robinson, 1999, 911). Watson and Robertson (1996) reported similar findings in their survey of senior secondary students enrolled in an HIV/AIDS education programme in the Lothian region of

Scotland. Campbell and MacPhail, in their 2002 (138) study evaluating the effectiveness of a peer education programme for the prevention of HIV/AIDS in South Africa, noted emphatically that young people “felt most comfortable discussing sex and relationships with their same-sex peers” in a well-moderated group setting.

Despite their many advantages, focus groups are also limited in a number of respects. The number of questions that may be discussed and resolved is less, on average, than that of questionnaires, surveys, and one-to-one interviews. While participants may feel comfortable sharing personal information with a single researcher, they may hesitate to do so openly in a larger group of their peers (Kitzinger, 1994). Although focus groups reveal “the nature and range of participants’ views”, they cannot – and should not – be used to measure the strength of their convictions (Sim, 1998, 351). Focus groups “are not oral surveys; that is, participants’ comments should not be tallied, counted, or otherwise taken out of the context in which the comments originated” (Ashbury, 1995, 148). As noted by Sim (1998, 345), “apparent conformity of view is an emergent property of the group interaction, not [necessarily] a reflection of individual participants’ opinions”:

If a viewpoint which is shared by most of the group lies in one direction or other on the attitude continuum, it may be exaggerated through what is known as a group polarization effect (Turner 1991). The prevalent group viewpoint will tend to converge on the end of the continuum in question, but will also tend to be amplified in the process ... The more homogenous the participants ... the greater the likelihood of polarization. (Sim, 1998, 348)

Given an entirely disparate group or context, “the force or emphasis with which a particular individual voices a view may change significantly” (Sim, 1998, 349).

The most frequently cited disadvantage of focus groups, however, is the emergence of internal power struggles (Sim, 1998; Heary & Hennessey, 2002). Within a group discussion, it is possible some members will be more outspoken or assertive than the others, increasing the likelihood their views will come to dominate the proceedings (Sim, 1998). Less confident or articulate members may in turn feel silenced or intimidated, inhibiting group interaction and the exchange of alternative

or dissenting viewpoints (Sim, 1998). This is particularly problematic with children and adolescents, as “fear of peer group disapproval” (Smithson, 2000, 113) often leads children to adopt mainstream viewpoints, however they may deviate from personal experience or opinion. It is important to note, however, that this dynamic is in fact critically important to record and analyse. As acknowledged by Kitzinger (1994, 112), group censoring of certain types of information does not invalidate data, as “people do not operate in a social vacuum; knowing what is (and is not) expressed in a group context may be as important as knowing what is expressed in a confidential, one-to-one interview”. This line of reasoning is also endorsed by Smithson (2000), who notes that silence from some group members need not be uncritically labelled as problematic. Silence, she notes, “is an ‘enduring feature of human interaction’, present in research communicative contexts as elsewhere” (Smithson, 2000, 108). It is the responsibility of a well-trained moderator/facilitator to recognise and note both verbal and non-verbal cues, and to ascertain when silence or non-verbal communication is a form of agreement or dissent.

The age of potential research subjects – ranging from 12 to 19 years – was taken into careful consideration in my focus group design (Barnowe-Meyer, 2012b). While adult group sessions are typically composed of 8 to 12 members, those with children should not exceed 4 to 6 participants (Heary & Hennessey, 2002). Given their age and relatively limited attention span, the length of group discussions should also be restricted to approximately 60 minutes for children aged 12 to 14 years, and no more than 90 minutes for older adolescents and young adults (Heary & Hennessey, 2002). Group composition was also considered critically important. While Parker and Tritter (2006) recommend that participants should not be known to one another prior to the formation of the group – to encourage spontaneity and lively debate – precisely the opposite is true when working with children, adolescents and young adults (Barnowe-Meyer, 2012b). Indeed, “to obtain maximum output from focus group discussions with [this age cohort], the composition of the group must be planned in advance, if at all possible” (Heary & Hennessey, 2002, 52), and should be thoughtfully organised by gender, age, and if appropriate, by friendship or acquaintance group. Pre-existing friendship groups allow the researcher to explore how young people might speak about sexual relationships and HIV/AIDS in “the

various and overlapping groupings within which they actually operate” in real life; in other words, “the people with whom [they] might ‘naturally’ discuss such topics, at least in passing” (Kitzinger, 1994, 105). As children and adolescents are essentially social beings, spending much of their lives in groups, the focus groups setting often represents a familiar and reassuring environment in which to discuss sensitive or controversial issues (Heary & Hennessey, 2002).

Taking the above information into account, my study’s focus groups were designed to be small in size (4 to 6 participants), divided by age (adolescent girls aged 12 to 14 and young women aged 15 to 19), familiar in composition (organised by pre-existing friendship or acquaintance group), and short in duration (1 to 1 ½ hours) (Barnowe-Meyer, 2012b). Group participants were to be recruited from a list of volunteers identified following completion of the written informational questionnaire, and were to be selected based on their willingness to volunteer, informed consent and on the informed assent of their teachers, parent(s) and/or guardian(s). Two focus groups – one for each age division – were to be carried out at each school, resulting in a total of approximately 30 research subjects. Participants’ statements were to be recorded using digital audio-recording equipment, supplemented by written field notes designed to capture non-verbal cues as well as group behaviour, dynamics and synergy. I also intended to keep a daily written journal to record my personal thoughts, observations and tentative conclusions immediately following focus group sessions, information which may or may not be expressly included in the notes of the session proceedings (Burns, 2002).

Individual ethnographic biographies

Individual ethnographic biographies were intended to supplement information gleaned from focus group discussions with invaluable insight on the daily lives of a small number of group participants (Barnowe-Meyer, 2012b). As Ugandan youth experience a variety of activities, interactions and relationships beyond the confines of their school, this approach was selected to gain a better understanding of the broader social and health consequences of exposure to an AUME curriculum. Ethnographic methodologies, first applied in anthropological

research, have since been extended to qualitative study in other disciplines, including curriculum design, implementation and analysis (Fasse & Kolodner, 2000).

A series of three semi-structured interviews was to be carried out with each participant selected for ethnographic study (Barnowe-Meyer, 2012b). The first interview was designed to establish the context of the participant's experience, their understanding of the topic under study, and their personal connection or association with the topic up to the present day. Participants would be asked to share, in detail, their experiences in their families, in school, with friends, in their community and if applicable, in their place(s) of worship or work. The second interview was designed to allow the participant to reconstruct the details of their lived reality with regard to the topic under study (Seidman, 2006). To place their experiences in the context in which they occur, participants would be encouraged to speak about their understanding of the PIASCY programme and of HIV/AIDS prevention generally, both in terms of the conditions of their immediate and local surroundings, and in terms of their relationships with partners, friends, peers, teachers, parents, and with their wider social community. The third and final interview was designed to allow the participants to reflect upon their experiences and to articulate the meaning such experiences hold (Seidman, 2006). Participants would be urged to share the "intellectual and emotional connections" between their lived experiences and the messages delivered through the PIASCY programme (Seidman, 2006, 18). Rather than relying upon a single interview to gather this vital information, Seidman (2006, 18-19) expounds upon the virtues of the three-interview approach:

Making sense of meaning requires that the participants look at how the factors in their lives interacted to bring them to their present situation. It also requires that they look at their present experience in detail and within the context in which it occurs. The combination of exploring the past to clarify the events that led participants to where they are now, and describing the concrete details of their present experience, establishes conditions for reflecting upon what they are doing in their lives. The third interview can be productive only if the foundation for it has been established in the first two.

Like focus groups, ethnographic interviews also pose a number of methodological challenges. Firstly, interview respondents may distort information through selective perceptions, recall error, or a desire to please the interviewer

(National Science Foundation [NSF], 2002). The inclination to conform to the interviewer's (perceived) expectations is particularly problematic in adult-child interview contexts, as well as those in which the interviewer and interviewee share few social or cultural commonalities. Secondly, while both interviews and focus groups cast the respondent(s) in the role of 'expert', they also expose a large gap between the interviewee's knowledge and that of the interviewer (NSF, 2002). Researchers "not completely familiar with the pertinent social, political, and cultural context" of their respondents' lived reality may therefore unintentionally misinterpret or distort data. Thirdly, interviews – particularly those conducted in a series format – produce a significant, potentially unmanageable, volume of data. While not able to entirely eliminate such challenges, the series format was designed, over time, to support relational trust building, limit recall errors, and to bridge gaps or discrepancies in knowledge.

Individual interview subjects were to be recruited from the pool of participating focus group members. A total of six participants – one from each focus group – were to be selected based on their willingness to volunteer, informed consent and on the informed assent of their teachers, parent(s) and/or guardian(s). The precise form, location and duration of individual interviews were to be negotiated at the convenience of each research subject. Data was to be collected through digital audio-recording, written field notes and a daily reflective journal.

Non-participatory classroom observations

In addition to focus group sessions and individual interviews, data was also to be collected through short-term, non-participatory classroom observations (Barnowe-Meyer, 2012b). As noted by Savenye and Robinson (2004, 1053), non-participatory observation is a "relatively unobtrusive" data collection method in which the researcher observes and records classroom phenomena but "has no specific role as a participant" in activities or instruction. For the purposes of the proposed research study, classroom observations were to serve a number of vital epistemological functions, including 1) as a source of information on the true nature and content of PIASCY lessons and extra-curricular activities, 2) as a means of

framing focus group discussions and individual interviews, and 3) as a means of better understanding the environment in which the PIASCY programme is implemented (Barnowe-Meyer, 2012b).

As noted previously, a number of studies have indicated that Ugandan classrooms are often sites of sexism, misogyny, and even gender-motivated violence. Any sexual health curriculum stressing abstinence and equal partnership is thus likely to be “in conflict with, and neutralized by, an informal school culture which permits widespread sexual harassment and abuse of girls” (Leach, 2008, 61). As reported by Leach (2008, 63), “subtle messages about gender conformity and gender power relations, and the penalties for not conforming, are passed on through the daily informal practices and hidden curriculum of schooling”. Indeed, previous studies in Ugandan classrooms examining the relationship between the PIASCY programme and gender inequality revealed troubling results; PIASCY, “with its focus on abstinence and moral judgment associated with it, has created problems that have acted as barriers to improvements in gender equality” (Kakuru, 2008, 45). Classroom observations were to be used, in part, to determine whether the PIASCY programme indeed addresses or perpetuates gender bias, stereotypes and conformity to repressive cultural norms.

Non-participatory observations, however, also confront a number of methodological limitations. While observation provides direct access to the classroom environment, it also affects the conduct of those within it; as a result, the behaviour observed may be either atypical or indeed staged for the researcher’s benefit (NSF, 2002). As noted by the NSF (2002), observational methods “are perhaps the most privacy-threatening data collection technique for staff and, to a lesser extent, [for students]”:

Staff fear that the data may be included in their performance evaluations and may have [an effect] on their careers. Participants may also feel uncomfortable, assuming that they are being judged.

Efforts on the researcher’s behalf to remain both inconspicuous and impartial may also be in vain:

The observer is more than just an onlooker, but rather comes to the scene with a set of target concepts, definitions, and criteria for describing events. While in some studies, observers may simply record and describe, in the majority of evaluations, their descriptions are, or eventually will be, judged against a continuum of expectations. (NSF, 2002)

While the researcher may aim to limit personal bias, he or she can do little else – with the exception of properly informing staff and students that evaluations of performance are not the objective of their enquiry – to mitigate anomalous group or individual conduct.

Two formal classroom observations were to be conducted within each school setting; the first taking place *prior* to the initiation of focus groups and individual interviews, the second *following* these sessions (Barnowe-Meyer, 2012b). Classroom observations were to be recorded as written field notes. While video-taped or audio-recorded sessions may have yielded a larger volume and variety of data, they also posed significant challenges. The former is often considered highly intrusive and a barrier to full expression and disclosure, while the latter is likely to result in an impenetrable cacophony of unrecognisable voices. A mindful and attentive researcher is likely able to garner more information in the form of nuanced behaviour and non-verbal interaction – such as intimidation or cooperation – with field notes and observational journals.

Inclusion and exclusion criteria

Provided they conformed to the selection criteria outlined above, all primary schools (or blended primary/secondary schools) within Wakiso district were eligible to participate in this portion of the study. Any female student at a participating school aged 12 to 19 years with regular school attendance (>75%) was to be invited to take part. Previous studies indicate girls under the age of 12 are unlikely to be sexually active (Darabi et al, 2008), and are therefore unlikely to directly apply the programme's abstinence messages to potential sexual encounters. Young women over the age of 19 are rarely enrolled in primary schools, and are thus unlikely to be exposed to an abstinence-only curriculum. Female students attending school at a rate

of less than 75% were also to be excluded based on their lack of experience with the PIASCY programme. Student age was to be confirmed during the process of informed consent and parent/guardian assent, while school attendance records, if available, would confirm if attendance eligibility requirements had been met (Barnowe-Meyer, 2012b).

Ethical considerations

Confidentiality, anonymity, informed consent and freedom to withdraw are particularly important considerations in research with children/adolescents and with disadvantaged or marginalised populations. Guarantees of confidentiality and anonymity, however, are somewhat problematic with respect to data collection in focus group settings. Although the moderator can assure participants of his or her full intention to safeguard the true nature of their identity and shared information, “it is difficult (if not impossible) to ensure that participants themselves will adhere to such strict stipulations” (Parker & Tritter, 2006, 33). It is also not possible to ensure participants that they “will not be upset or offended by one another’s comments” (Heary & Hennessy, 2002, 53), a concern particularly important in groups which involve discussion of sexual behaviour and attitudes toward HIV/AIDS. These disadvantages may, to some degree, be overcome by organising focus groups by ‘friendship group’, as previous research suggests that friends or acquaintances are more likely to have discussed such topics previously in the course of natural conversation, and to furthermore value the privacy of other group members with whom they have a personal connection (Rabiee, 2004). It is important to clarify at the outset of each focus group the aim of the research, the importance of maintaining individual and collective confidentiality, and to explain how tape recorded group proceedings and written notes will eventually be utilised, stored and destroyed (Rabiee, 2004).

For children and adolescents under the age of legal consent, it was of vital importance to receive the informed written assent of their parents, or alternatively, of their legal or *de facto* guardian(s). Parents were to be fully informed of the nature of the research and respectfully approached to give written permission for their

child(ren) to take part (Rabiee, 2004). Given the relatively low levels of adult literacy in Uganda among both men and (particularly) women, oral permission was to be made available as an alternative means of assent (CIA, 2011). As noted by Heary & Hennessy (2002, 53), children “lack social power”, and must be ensured that they are “free to decline to participate even if their parents or guardians have already given consent”. Participants were to be explicitly reminded throughout the research process that they may withdraw their personal consent at any time, with no threat of consequence or negative reprisal (Heary & Hennessey, 2002; Robinson, 1999).

In addition to the ethical considerations previously noted, the study in its entirety was designed to conform to the guidelines and regulations of the Moray House School of Education (2005), the British Educational Research Association (2004; 2011) and the Uganda National Council for Science and Technology (UNCST) (2007a; 2007b).

4.4 Study Duration

Total anticipated study duration in Uganda was three to five months. Duration of participation for individual research subjects was to vary by data collection method, as follows:

Part One

- Semi-structured interviews: approximately 1 hour

Part Two

- Questionnaires: approximately 10-15 minutes
- Focus groups: approximately 1 to 1 ½ hours
- Ethnographic interviews: approximately 1 hour per interview session, totalling approximately 3 hours total participation
- Non-participatory classroom observations: approximately 1 hour observation on two occasions per school surveyed

4.5 Data Analysis

Throughout the collection process – rather than merely following it – focus group and interview data was to be analysed using a form of content analysis known as *constant comparison analysis*, or the method of constant comparison (Onwuegbuzie, Dickinson, Leech & Zoran, 2009; Barnowe-Meyer, 2012b). While many forms of quantitative and qualitative analysis take place only *after* data collection is complete, in this approach – based on grounded theory – data collection and analysis are interrelated processes (Corbin & Strauss, 1990, 5). Constant comparison analysis employs an emergent-systemic research design, in which later focus groups and interviews are used to explore and clarify thematic content which emerged in earlier groups and one-on-one discussions (Onwuegbuzie et al, 2009). The term *emergent*, therefore, is applied to those focus groups and interviews which are used for exploratory purposes, while the term *systemic* refers to those used for verification (Onwuegbuzie et al, 2009). Within this approach, major themes are consistently reinforced by the participants themselves, greatly reducing the chance of later coding bias on behalf of the researcher (Rabiee, 2004). As Corbin and Strauss (1990, 5) note, “carrying out the procedures of data collection and analysis systematically and sequentially enables the research process to capture all potentially relevant aspects of the topic as soon as they are perceived”.

Research based on grounded theory is designed to “develop a well integrated set of concepts that provide a thorough theoretical explanation of [the] social phenomena under study” (Corbin & Strauss, 1990, 5). Grounded theory seeks to both uncover relevant social conditions and determine how the actors under those conditions respond to their changing reality (Corbin & Strauss, 1990). A grounded theoretical approach was chosen for this study based on my desire to better understand both the true nature of the borrowing process, and the consequences resulting from Uganda’s transition to AUME. Previous success with focus groups – specifically those pertaining to health education – was also a major factor in this decision (Rabiee, 2004).

Formal data analysis was to be carried out using the following five-stage framework (Krueger, 1994; Barnowe-Meyer, 2012b):

1. *Familiarisation*. Becoming acquainted with the raw data is a critical first step in analysis. Familiarisation begins with verbatim transcription of audio-recorded group and interview sessions. Following transcription, further immersion can be accomplished by listening to audio-recorded tapes in full, reading and re-reading transcripts in their entirety, and reading observational notes or diary entries (Rabiee, 2004). The aim of familiarisation is to become as knowledgeable as possible about the details of raw conversational material prior to formally separating and sorting the data (Rabiee, 2004). Major substantive themes should begin to emerge during this process, which, as described above, is partially completed during data collection.
2. *Identifying a thematic framework*. The establishment of a thematic framework may be accomplished by detailed, line-by-line examination of transcribed conversations, in which the researcher writes notes, short phrases or brief descriptive or conceptual statements in the margins of the text. This activity is intended to identify early categories for analysis. Again, this stage is partially completed during data collection.
3. *Indexing*. Indexing, also known as open coding, involves “sifting the data, highlighting and sorting out quotes and making comparisons” – both within groups and between interview subjects – and assigning initial codes to these small categorical chunks of data (Rabiee, 2004, 657; see also Onwuegbuzie et al, 2009).
4. *Charting*. Indexing is followed by a charting process, also known as axial coding, in which quotes are lifted from their original context and re-arranged under the newly-developed thematic codes (Rabiee, 2004). This stage, as well as stage 5, was to be conducted with the assistance of a computer-based qualitative research software package such as NUD*IST, N-Vivo or Atlas.ti.

5. *Mapping and interpretation.* In this final stage, the researcher identifies one or more substantive themes reflecting the discursive content of each group or interview session (Onwuegbuzie et al, 2009). As noted by Rabiee (2004, 658), one of the difficult tasks in this stage – also known as selective coding – is “not only to make sense of the individual quotes, but also to be imaginative and analytical enough to see the relationship between the quotes, and the links between the data as a whole”.

Given the methodological limitations noted previously, some argue that focus group and interview data cannot be generalised to the population at large. Sim (1998), however, suggests a differentiation between *empirical* and *theoretical* generalisation. In empirical generalisation, data is assumed “to represent a wider population of people, events or situations in a strict[ly] probabilistic sense” (Sim, 1998, 350). Theoretical generalisation, however, suggests that data collected from a particular study may provide “theoretical insights which possess a sufficient degree of generality or universality to allow their projection to other contexts or situations which are comparable to that of the original study” (Sim, 1998, 350). The likeness of the two contexts therefore exists at a conceptual level, “not one based on statistical representativeness” (Sim, 1998, 350). According to Sim, theoretical generalisation is appropriate for both focus group and interview data, as

the notion of generalization here is presented more as a hypothesis than as a conclusion ... even if they cannot strictly be generalized, the findings of focus groups [and interviews] can at least be transferred to other settings which have similarities to the context in which the data were gathered. (Sim, 1998, 351)

The study outlined herein was not designed to produce results which established a form of empirical generalisation (Barnowe-Meyer, 2012b). Rather, it was hoped that insights and information would emerge from data analysis which suggested theoretical transfer to similar contexts²¹.

²¹ As noted previously, the information potentially gleaned from policy actors in Part One of the study was unique to their experience in the borrowing process. Therefore, the results were not designed to be either empirically or theoretically generalised.

4.6 Research Ethics: Negotiating Access

Approval process

In early 2012 I began the lengthy process of securing ethical approval of my study from the University of Edinburgh and various government agencies in Uganda. The following sections outline the multiple stages of research authorisation and the challenges I confronted while navigating this complex process.

The first stage of ethical approval begins at the school level of the university. Prior to initiating data collection, all Moray House postgraduate students must first seek and receive the authorisation of the school's Ethics Committee. The committee provides an electronic application for all students to complete in consultation with their supervisor(s), ultimately evaluating studies on the following four-tier system of approval:

- Level 0: Desk-based research projects involving no human participants.
- Level 1: Research incorporating human participants but unlikely to pose inherent physical or emotional risk to children and/or young people.
- Level 2: Research incorporating human participants AND involving novel procedures, topics of a sensitive nature and/or the use of atypical research subjects.
- Level 3: Research incorporating human participants AND likely to pose an inherent physical or emotional risk to children and/or young people.

While research assessed at Level 0 or 1 does not require the committee's approval, a completed application must nonetheless be placed on file with the School for auditing purposes.

In addition to the university's authorisation, the following five stages of ethical approval are required for HIV/AIDS-related research projects involving human participants in Uganda:

Stage 1 – Institutional Review Committee

The primary function of an Institutional Review Committee (IRC) “is to conduct [the] initial and continuing review and approval of research projects, with the aim of protecting the rights and welfare of human research participants” (UNCST, 2007a, 7). A comprehensive research protocol including the following information (at minimum) must be submitted to an IRC for initial project review:

- a) A clear statement of the objectives of the research, with regard to the present state of knowledge and a justification for undertaking the investigation;
- b) A precise description of all proposed procedures and interventions, including the duration of the study;
- c) A statistical analysis plan;
- d) Description of the study population including the number of research participants to be included;
- e) The inclusion and exclusion criteria for study participants and procedures for the withdrawal of individual participants;
- f) Complete details of the informed consent process, including the proposed means of obtaining informed consent;
- g) Evidence that the investigator is appropriately qualified and experienced and has adequate facilities for the safe and efficient conduct of the research;
- h) The provisions that will be made to protect the confidentiality of information/data obtained from research participants; and
- i) Study instruments, e.g. questionnaires, case report forms, videos, flip charts and other data collection tools/forms. (UNCST, 2007a, 19-20)

Stage 2 – Local institutional affiliation

In addition to IRC approval, all foreign researchers must also affiliate with a local institution “appropriate for their type of research in Uganda” (UNCST, 2007b, 8-9). ‘Appropriate’ institutions include local universities, research institutes, and scientific and/or government bodies. As noted by the UNCST (2007b, 9), local institutions of affiliation “should support the researcher and work, as far as it is practicable, towards building long-term collaborative partnerships with the foreign researcher(s)”.

Stage 3 – UNCST Registration

Following IRC review and local institutional affiliation, an application for a research permit must be submitted to the UNCST. In addition to application forms obtained from the council, registration guidelines require the submission of two copies of the research protocol as well as relevant support letters and documentation, including ethics approval, institutional support letters and academic/professional references.

Stage 4 – Research Secretariat, Office of the President

After the UNCST has (provisionally) approved a permit application, the council sends two copies of the researcher’s registration forms to the Research Secretariat, Office of the President, “for security verification and clearance” (UNCST, 2007b, 7). All applicants, with the exception of Ugandan students registered for study in local colleges and universities, must pay a non-refundable Research Administration and Clearance fee of US\$300 to complete this screening process.

Stage 5 – District Education Offices/Schools

An applicant whose research project has been registered with the UNCST receives 1) a Research Approval/Clearance Notification Letter copied to the Resident District Coordinator of the district(s) in which the research is to be carried out, and 2) a Research Permit/Identity Card valid for one calendar

year (UNCST, 2007b). Only in this stage may the researcher initiate contact with, and recruitment of, local schools.

This process – a visual representation of which is provided below [see Figure 11] – must be carried out sequentially and consecutively.

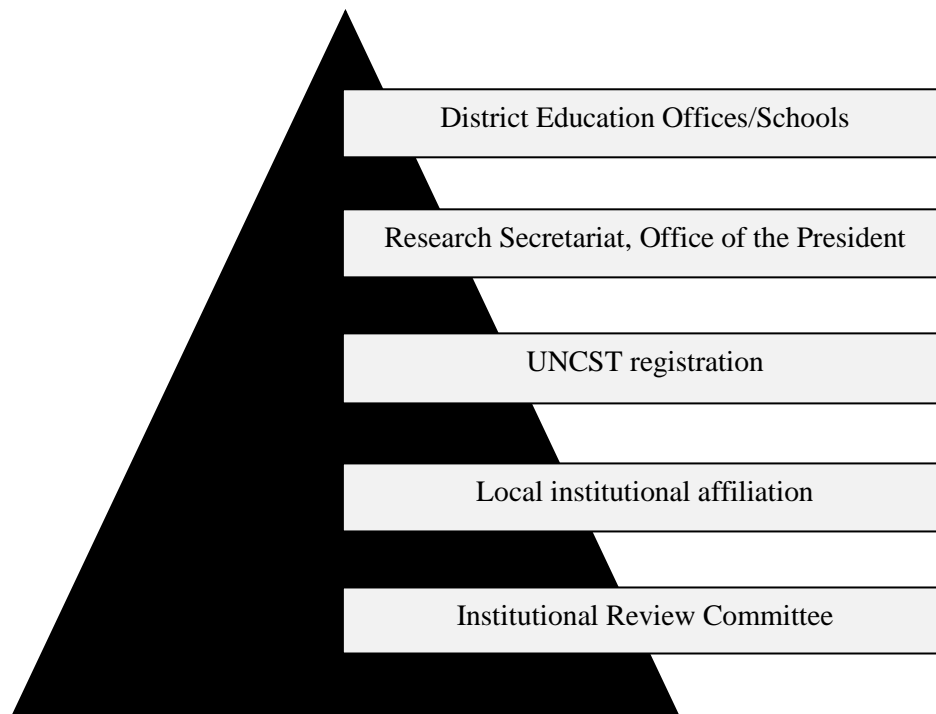


Figure 11. Ethical approval process, Uganda.

'Gatekeepers' in Uganda

In late January 2012, I submitted an 11-page ethics application to the Moray House School of Education Ethics Committee. Following minor revisions, my application for research at Level 2 was approved on 15 February 2012. Having obtained authorisation from the university, I next sought the requisite approval of an Institutional Review Committee in Uganda. Given the relatively narrow timeline for my study, and its qualitative, socio-behavioural nature, I selected the National AIDS Research Committee (NARC), an ethics review body responsible for initial approval and ongoing evaluation of HIV/AIDS-related research projects in-country. Through email correspondence with the NARC administrator, I was informed the latest

possible submission of my research protocol (for Spring 2012 consideration) was 29 February. I developed a comprehensive research protocol incorporating all of the minimum requirements listed above, including informed consent/assent forms, classroom observation criteria, and detailed focus group and interview question guides. Twelve copies of the 84-page protocol – as well as a list of references, my curriculum vitae and a copy of the university’s ethics approval letter – were posted to NARC’s Kampala office at a personal expense of 120 pounds sterling on 21 February.

In mid-March, however, I received an email from the committee administrator stating that my application materials had arrived late, on 12 March, and were summarily rejected as a result. When I notified the administrator that my postal carrier confirmed delivery with signature on 29 February, she conceded the materials *had* arrived on-time, but were quickly misplaced in her office. While she apologised for the error, she refused to pass my materials on to the full committee for its March/April review.

It was at this point in the approval process that I became familiar with the concept of local ‘gatekeepers’. The term ‘gatekeeper’ refers to the person or people capable of granting a researcher access to their chosen research site (Wanat, 2008; Hett & Hett, 2013); although widely referenced in literature on the topic of research ethics, building relationships with gatekeepers is an “ill-defined, unpredictable and uncontrollable process” (Wanat, 2008, 192). While I understood the significant effort required to ‘knock on doors’ and establish trusting relationships with important gatekeepers in Uganda, I failed to account for the complexities of this process:

Feldman, Bell and Borger (2003) suggest that the image of a single ‘door’ is too simplistic and, instead, they propose the image of a ‘long hallway with a multitude of doors’ (ix). Thus, negotiating access is not a single threshold that is crossed once, but rather a ‘continuous and dynamic process’ (ibid, x) often involving rapport building with many gatekeepers along the way ... a better illustration might be a long hallway of doors, with a series of interconnected rooms behind these doors, some of which may lead one into the other, but which occasionally reach a dead-end, whereupon one is required to return to the hallway to try another door. (Hett & Hett, 2013, 500)

The Ugandan approval process, as suggested by Figure 11, is very much ‘layered’ in its construction; permission must come from multiple sources, each one distinct from but always building upon the others (Hett & Hett, 2013). In rejecting my research protocol outright, NARC – the so-called ‘gatekeeper to the gatekeepers’ – effectively slammed the door before I entered the hallway (Hett & Hett, 2013).

Given NARC’s initial duplicity regarding the delivery of my materials, it is difficult to determine with any degree of certainty whether my study was rejected based on its ‘untimely’ arrival or on other extenuating circumstances. As President Museveni had long encouraged the open discussion of issues pertaining to HIV/AIDS – including sexual activity – I believed I understood what constituted locally acceptable research. It is entirely possible, however, that the nature of my study was deemed inappropriate or imprudent, a characterisation which may or may not explain the continuing gap in this particular research area.

Uganda visit

In addition to the rejection of my research protocol, a number of other complications arose in the latter stages of study design. A preliminary visit was paid to Uganda in March 2012 to assess the feasibility of conducting an empirical study in-country. The trip to the districts of Kampala and Wakiso was intended (1) to familiarise myself with the country and its people, (2) to make contacts within both Makerere University and the Ugandan Ministry of Education and Sports (MoES), and (3) to visit schools and, if possible, to pilot test the study’s primary data collection instruments. It became readily apparent upon arrival in Entebbe, however, that primary data collection in Uganda was neither feasible nor advisable. A series of unfortunate and troubling events – described in detail below – ultimately resulted in my need to abandon the pilot study and my stay in Uganda.

Contact with Ministry officials

During the month and a half period preceding my trip to Uganda, repeated attempts were made to make contact with the Ministry officials I intended to interview, including both the Permanent Secretary and the Director/Coordinator of

the HIV/AIDS Education Unit. Numerous phone calls and emails were ignored; as of August 2013, none have been acknowledged and/or responded to. While in Uganda, a visit was made to the Ministry of Education offices in Kampala. MoES officials refused to meet with me, however, ironically noting that I needed to schedule an appointment in advance.

School visits

Arrangements were made to visit two schools during my stay in Uganda. Shortly before the trip, however, one school (a primary-secondary school in rural Wakiso) cancelled the visit, explaining the head teacher would be taking an emergency medical leave of absence throughout March. The second school – a primary school in the suburbs of Kampala – was able to accommodate my visit. Upon arrival, however, it became quickly apparent that the PIASCY programme was not offered as part of the school's regular curriculum. When questioned regarding the omission, the head teacher explained there were neither adequate materials nor teaching personnel available to regularly offer PIASCY lessons, and that most of his students were 'too young' to understand or need the programme's content. He noted, however, that some PIASCY messages – including those emphasising gender equality and appropriate behaviour between adults and children – were incorporated into the school-wide curriculum.

Personal safety

On multiple occasions – in effect, every time I appeared in a public space alone – I was harassed, threatened, intimidated and subjected to both verbal abuse and sexually explicit language and gestures by local men. Although not entirely unexpected – numerous studies cite instances of gender-based violence, abuse and sexual intimidation in Uganda (see Mirembe & Davies, 2001; Nyanzi, Pool & Kinsman, 2001; Burns, 2002; Moore et al, 2007; Darabi et al, 2008; Kakuru, 2008; Leach, 2008) – these experiences were nonetheless frightening, deeply disconcerting and a constant threat to my personal safety.

Resource constraints

Electricity, power and Internet access were unavailable for approximately 80 to 90 per cent of my stay in Uganda. The country was experiencing a long and problematic transition from its outdated electricity grid to a new hydroelectric system. Outages were frequent – at times lasting as long as 3 days during my visit – and were expected to be so throughout the remainder of 2012. During outage periods, it was not possible to make telephone calls, access the Internet, or charge any of my electronic devices, including batteries, audiotape recorders and my laptop.

Given the circumstances I was confronted with – particularly the issues regarding my personal safety – I abandoned the pilot study and my stay in Uganda. The NARC's refusal to review my research protocol in an honest and timely manner, the lack of cooperation from Ministry officials, severe resource constraints and a post-trip malaria diagnosis also contributed to a difficult but ultimately necessary decision to abandon my field research in Uganda entirely.

4.7 A New Direction

Based on the limitations referenced above, I felt compelled to explore Uganda's adoption of abstinence-until-marriage education from a different methodological perspective. Mindful of the need to conform this perspective to Roger Dale's (2000) GSAE approach to educational research in the era of globalisation, I returned to the research questions posed in Chapter One:

1. In Uganda's efforts to prevent HIV/AIDS through abstinence-until-marriage education, who gets taught what, how, by whom, and under what conditions and circumstances?
2. How, by whom, and with what relations to other sectors and through what structures, institutions, and processes is abstinence-until-marriage education defined, governed, organised, and managed in Uganda?
3. To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

While Questions 1 and 2 were resolved in Chapter Three through an application of Phillips & Ochs' (2003) analytical framework for policy borrowing, Question 3 remained unanswered. Given my inability to directly access either Ugandan policy-makers or the PIASCY programme's intended participants, I began to explore other methods by which this question may be answered.

I first considered a slight variation on my previous approach in which I modified the study population to include PIASCY *teachers* rather than *students*. I believed this approach would glean valuable information regarding the social and educational consequences of the PIASCY programme, while also providing Ugandan policy-makers with important feedback from those educators ultimately responsible for implementing the programme. I also believed this line of enquiry would eliminate the most controversial aspect of my previous study: the need to discuss sexual and reproductive health behaviour with children and adolescents under the age of 18. Such an enquiry, however, was quickly abandoned upon further consideration of its merits and feasibility. While potentially responsive to a portion of Question 3, a qualitative study of PIASCY teachers alone would likely reveal little information, if any, regarding to what ends and in whose interests abstinence-until-marriage education was adopted in Uganda. Indeed, the APHRC study referenced in Chapter Three suggests that none of the participating PIASCY instructors had any prior knowledge of the magistracy's role in the programme's initial development or continuing implementation. Furthermore, permission for such a study would require the same process of ethical approval described in detail above. Given my aforementioned experience with the institutional review body responsible for this process, I had little confidence my application would be reviewed in a timely or straightforward manner. Safety concerns and resource constraints also remained an obstacle to any fieldwork conducted in Uganda.

I also contemplated a renewed effort to conduct interviews with U.S. and Ugandan policy-makers. This approach was also rejected, however, after additional attempts to make contact with Ugandan Ministry officials and Members of Parliament were ignored. The timing of such an enquiry was problematic for American policy-makers as well; indeed, the 2012 presidential and congressional

elections afforded little time or flexibility for those directly or indirectly involved in the PEPFAR authorisation (or its implementation) to speak openly on the subject. This approach was also incomplete in the sense it offered no insight on the social, educational or health consequences of the effort to borrow AUME.

After mulling these approaches carefully, I turned my attention and interests to a vastly different methodological perspective: that of Critical Discourse Analysis. An interdisciplinary field rooted in classical rhetoric and, more recently, literary studies and applied linguistics, Critical Discourse Analysis (CDA) is the empirical study of the relationship between “discursive practices, events, and texts ... and wider social and cultural structures, relations and processes” (Taylor, 2004, 235; see also van Dijk, 1985). CDA views language “as [a] social practice” (Wodak & Meyer, 2009, 5), and discourse as a form of social action that creates and perpetuates representations of the social world, including social identities, social relations and systems of knowledge and meaning (Jørgensen & Phillips, 2002). Through detailed analysis of texts and discourses, CDA seeks to explore the ways in which language constructs and sustains social representations, thereby contributing to the maintenance of specific social patterns, power hierarchies and ideological hegemonies (Jørgensen & Phillips, 2002). CDA is “fundamentally interested in analysing [the] opaque as well as transparent structural relationships of dominance, discrimination, power and control” as manifested in language and language use (Wodak & Meyer, 2009, 10); in other words, it aims to “investigate critically social inequality as it is expressed, constituted, legitimized, and so on” by language use and discourse (Wodak & Meyer, 2009, 10).

As noted by Wodak and Meyer (2009, 27), Critical Discourse Analysis “does not constitute a well-defined empirical methodology but rather a bulk of approaches with theoretical similarities”. Critical studies of discourse aim to “analyse, and thus contribute to the understanding and solution of, serious social problems”, particularly those that are caused or exacerbated by public text and talk (van Dijk, 2009, 63). They specifically take into account the power and interests of those crafting and manipulating discourse, as well as the expertise and resistance of those

groups that are the victims of discursive injustice and its consequences (van Dijk, 2009, 64).

Discourse theory and discourse analysis are particularly helpful in evaluating the various ways in which language and context shape the absorption and comprehension of educational policy texts and processes. CDA clearly illuminates the principles and means by which social knowledge is defined, formulated and dispersed, while also illustrating how educational policy developments affect both “the life chances of individuals and groups” as well as “the mutual relations of educational systems to the wider social collectives and institutions of which they are [a] part” (Dale, 2000, 440). As these issues are precisely those referenced in my final research question, CDA is both a logical and legitimate methodological approach with which to explore and answer this query.

In the Ugandan context, discourse analysis may be used to understand precisely how and why the NRM government abruptly transformed its discourse on HIV/AIDS prevention after the turn of the twenty-first century, abandoning the popular ABC approach in favour of an educational intervention exclusively touting the virtues and benefits of abstinence-until-marriage. Through a systematic analysis of language usage and strategic argumentation, I intend to explore to what ends and in whose interests this discursive shift was made, and to further evaluate the social, educational and health consequences borne of this transition.

Prior to embarking on a full analysis of the discourse on HIV/AIDS prevention in Uganda, the following chapter briefly explores the Discourse-Historical Approach to CDA developed by Martin Reisigl and Ruth Wodak (2009). It also features data collection and consolidation procedures, as well as a qualitative pilot study.

CHAPTER FIVE

The Discourse-Historical Approach to Critical Discourse Analysis

5.1 Introduction

Studies in Critical Discourse Analysis are “multifarious”, oriented toward a multitude of different data and methodologies (Wodak & Meyer, 2009, 5). Some scholars, including Norman Fairclough (2003), distinguish between those methodological approaches primarily interested in the analysis of the linguistic properties of texts, and those which more pointedly examine their historical and social contexts (Taylor, 2004). Given the rich historical legacy of the nation’s efforts to prevent HIV/AIDS, as well as the complex social conditions confronting many young Ugandans, the latter approach is more ideally suited to an analysis of the discourse surrounding Uganda’s efforts to borrow AUME. The following chapter briefly explores the Discourse-Historical Approach selected for this study before returning to the substantive issues of HIV prevention, policy borrowing and abstinence-until-marriage education in Uganda.

5.2 The Discourse-Historical Approach

The Discourse-Historical Approach (DHA) to CDA examines the historical dimension of discursive practices by analysing the ways in which particular genres of language use are subject to diachronic change (Wodak, 2000). This approach provides the analyst with a “quasi-kaleidoscopic” (Reisigl & Wodak, 2009, 119) view of their research subject by considering both the “broader socio-political and historical context” in which discursive practices are embedded, and the extra-linguistic social and political variables of a specific ‘context of situation’ (Reisigl & Wodak, 2009, 93; see also Wodak, 2011). Its distinctive feature is the ability “to integrate systematically all available background information in the analysis and interpretation of the many layers of written or spoken text” (Wodak, 2011, 44); given this feature, the DHA is particularly well-suited to exposing the varied motives and interests of policy actors engaged in political and discursive change. Like other approaches to CDA, the Discourse-Historical Approach views language as social

practice and discourse as a form of social action; as such, it assumes that public text and talk either mitigates or exacerbates the effect of serious social problems. Analysis within the DHA thus also takes account of, and critiques, the social – and potential educational – ramifications of dramatic shifts in policy and in discourse. It is therefore the ideal method by which to explore the social, educational and health consequences of Uganda's sudden rhetorical shift in favour of AUME, and to analyse the ends and interests motivating actors within the borrowing process.

The DHA relies upon a unique conceptual interpretation of *discourse*, *texts* and *genres*, particularly focusing on the ways such linguistic devices are linked to specific fields of social and political action (Wodak & Meyer, 2009). Discourse is defined as “a cluster of context-dependent semiotic practices” (Reisigl & Wodak, 2009, 89) employed by social groups and actors as a means of defining “a particular domain of social practice from a particular perspective” (Wodak, 2000). Within discourses, claims of truth and normative rightness emerge as different social groups attempt to establish or maintain ideological pre-eminence over others (Reisigl & Wodak, 2009). Discourses are comprised of texts – that is, “materially durable products of linguistic action” including verbal speech acts, written expressions and/or visual representations (Wodak, 2000). Texts may be further categorised into a number of different *genres*, or “socially ratified way[s] of using language in connection with a particular type of social activity” (Fairclough, 1995, 14). Examples of genres include press releases designed to announce political developments, university lectures intended to communicate academic knowledge, and radio programmes used to broadcast ideas, advertise products or promote behaviour change.

The Discourse-Historical Approach ultimately aims to reveal the ways in which discursive practices “contribute to the creation and reproduction of unequal power relations” between ideologically divergent social groups (Jørgensen & Phillips, 2002, 63). It examines the discursive authority of so-called ‘power elites’ – those social groups or their members with “special access to a wider variety of public or otherwise influential discourses” (van Dijk, 1993, 109) – and the linguistic means by which these actors attempt to control, persuade or manipulate others to act

in conformity with their interests (Reisigl & Wodak, 2009). Power elites employ a variety of discursive strategies to achieve their particular social, political, psychological, or linguistic aims. These strategies – including nomination, predication, argumentation, and perspectivation – are often designed to project positive self-(re)presentation at the expense of portraying others in a negative light (Wodak, 2000). Nomination or referential strategies establish ‘in-groups’ or ‘out-groups’ in society through categorisation devices such as adjectives, metaphors or metonymies. Predication strategies linguistically characterise social groups, actors, objects or events through evaluative (often stereotypical) attributions of positive or negative traits. Argumentation strategies are employed both to justify or legitimate these attributions, and to support claims of truth or normative rightness. Finally, perspectivation strategies allow speakers to express and position “their point of view in the reporting, description, narration, or quotation of relevant events or utterances” (Wodak, 2011, 49; for a detailed description of discursive strategies and devices, see Appendix C). These four discursive strategies are critically important features of the Discourse-Historical Approach; as such, they will be repeatedly referenced throughout this chapter and the next.

The DHA in six steps

Given the foregoing information on the relevance and utility of the DHA, the remaining chapters apply a modified discourse-historical methodology developed by Reisigl and Wodak²² (2009) to analyse the discourse on HIV/AIDS prevention in Uganda. Their framework is outlined briefly in six steps below.

²² The first step in Reisigl and Wodak’s (2009) original framework incorporates a thoughtful review of existing literature and preceding theoretical knowledge pertaining to the object of study. A detailed overview of the literature on HIV/AIDS prevention in Uganda – including the development and implementation of the so-called ABC approach, as well as the adoption of abstinence-until-marriage (*continued from the previous page*) education via PIASCY – was presented in Chapters Two and Three, respectively. A thorough review of the theoretical principles underlying the GSAE approach to globalisation and education was featured in Chapter One. As a result, this step was omitted from the framework in this study. Their final step – application of the results – involves disseminating the study’s findings to the general public (through policy advising, educational courses, newspaper commentaries, etc). As this step involves activity beyond the scope of a doctoral thesis, it too is omitted from this study.

Step 1: Collection of context-specific data and information

The first step involves the systematic collection of data (e.g., documentary evidence) specifically related to the social and political context of one's research subject. Collection is ideally carried out based upon a consideration of all – or a portion of – the following criteria established by Reisigl and Wodak (2009, 98):

- *specific periods of time*
- *specific political units*
- *specific social (particularly political, ideological or scientific) actors or groups*
- *specific discourses*
- *specific fields of political action* – including, but not limited to:
 - (a) formation of public attitudes, opinions and will
 - (b) inter-party formation of attitudes, opinions and will
 - (c) management of international relations
 - (d) political advertising and propaganda
 - (e) political control
 - (f) law-making procedure[s]
- *specific textual genres*

The type of data and scope of inquiry are entirely dependent upon the analyst's research schedule and focus, as well as the quality, availability and accessibility of resources²³.

Step 2: Specification of research questions

Research questions are then formulated on the basis of one's broader research subject, theoretical principles, access to available data, and specific aim(s) of inquiry.

²³ As noted by Jäger & Maier (2009), data collection in discourse analysis is theoretically 'complete' when further selection of texts fails to produce findings of a novel or supplementary nature.

Step 3: Selection and consolidation of data for analysis

Selected data is then reduced in accordance with the analyst's specific research questions and needs. Consolidation is based on criteria such as frequency, ubiquity, salience and redundancy (Reisigl & Wodak, 2009).

Step 4: Qualitative pilot study

Reisigl and Wodak (2009) then recommend a three-step pilot study of a single text to improve and differentiate analytical instruments and to clarify or revise the chosen research questions. These steps include identification of (1) the main discourse topics of the text, (2) the nomination and predication strategies used, and (3) the claims of truth and normative rightness made, as well as the argumentation strategies employed to justify these claims.

Step 5: Discourse analysis – a detailed case study

This step – consisting of a detailed case study of the macro-, meso-, micro- and contextual levels of linguistic analysis – is the primary focus of Reisigl & Wodak's discourse-historical model. In the context of their framework, analysis requires:

1. Identifying the main (salient) themes and topics of a given discourse
2. Focusing on the discursive strategies employed by relevant social actors/groups at specific periods of time within particular fields of social/political action
3. Evaluating claims of truth and normative rightness based upon preceding empirical data, theoretical knowledge and rules of rational argumentation

While a detailed rendering of argumentation theory is beyond the scope of this research study, Reisigl and Wodak (2009, 110) categorise argumentation schemes as either "reasonable or fallacious" based upon a number of guidelines "for rational dispute and constructive arguing". These guidelines include:

... the obligation to give reasons, the correct reference to previous discourse by the antagonist, the obligation to 'matter-of-factness', the correct reference

to implicit premises, the respect of shared starting points, the use of plausible arguments and schemes of argumentation, logical validity, the acceptance of the discussion's results, and the clarity of expression and correct interpretation. (Reisigl & Wodak, 2009, 110)

Throughout this analysis, Reisigl and Wodak (2009) stress the need to examine the extent to which validity claims are imbued with political and ideological values, and how such claims and strategies change in a given context over time.

Step 6: Critique of discourse

Reisigl and Wodak's sixth and final step critiques the analysis carried out in step 5. This critique is designed to examine the extent to which the discourse under analysis is appropriately suited and applied to its specific situated context. Here, 'critique' serves two important purposes. In a theoretical sense, the critique offers analytical parameters that "evaluate the 'quality' of public political discourses in which 'collective' learning and decision-making are at stake" (Reisigl & Wodak, 2009, 119). In a practical sense, the critique might influence or contribute to current discourse(s) on the research topic, raising the awareness and knowledge of social and political actors involved.

Benefits and limitations

There are a number of benefits and limitations to the Discourse-Historical Approach as conceived by Reisigl and Wodak. Its primary advantage is the ability to analyse discursive practices both in their immediate context and in the broader social and historical context in which they are embedded. This quasi-kaleidoscopic orientation enables "the grasp of many different facets of the object under investigation" (Reisigl & Wodak, 2009, 119). It also permits in-depth evaluation of the ways in which discursive practices are subject to diachronic reconstruction, and how shifts in discourse contribute to social and educational transformation. A disadvantage of the approach, however, is the inability to analyse the motives and interests of policy actors for whom little discursive material is available in the public domain. Therefore, in some instances, the DHA is a complement to, but not substitute for, the collection of primary qualitative data.

The remainder of this chapter explores steps 1 through 4 of Reisigl and Wodak's (2009) methodological framework as they apply to the discourse on HIV/AIDS prevention in Uganda. The following sections include data collection and synthesis, (re-iterated) research questions, and data consolidation. The chapter concludes with a qualitative pilot study.

5.3 Data Collection and Synthesis

The first step in Reisigl and Wodak's (2009) modified discourse-historical framework involves amassing data (e.g., documentary evidence) specifically related to the political and social context of one's research subject. With regard to Uganda's efforts to prevent HIV/AIDS, collection was carried out with the following criteria in mind:

- *specific periods of time*: 1986-2003 (implementation of the so-called ABC approach) and 2004-present day (implementation of the abstinence-until-marriage approach)
- *specific political units*: the government of Uganda (and agencies thereof); the government of the United States (and agencies thereof)
- *specific social (particularly political, ideological or scientific) actors or groups* – including, but not limited to:
 - Ugandan President Yoweri Museveni;
 - Ugandan First Lady Janet Museveni;
 - Uganda AIDS Commission;
 - U.S. President George W. Bush;
 - U.S. Congress;
 - U.S. Global AIDS Coordinator;
 - USAID;
 - other government agencies;
 - non-governmental organisations;
 - non-profit organisations;
 - for-profit organisations (including private firms and corporations);
 - faith-based actors and organisations;
 - community-based actors and organisations;
 - educational actors and organisations.

- *specific discourses* – HIV/AIDS prevention in Uganda; abstinence-until-marriage education
- *specific fields of political action* – including, but not limited to:
 - formation of public attitudes, opinions and will
 - inter-party formation of attitudes, opinions and will
 - management of international relations
 - political advertising and propaganda
 - political control
 - law-making procedure[s]
- *specific textual genres* – including, but not limited to:
 - media reports
 - speeches
 - interviews
 - press releases
 - government policies
 - educational materials (including teachers' manuals, student readers, etc.)
 - institutional reports and/or publications
 - peer-reviewed academic and/or scientific journals

5.4 Research Questions

The second step in Reisigl and Wodak's (2009) framework requires the development and articulation of research questions. While the methodological approach of this study has changed, the research questions previously posed remain intact (see Chapter One). As Questions 1 and 2 were resolved in Chapter Three, the remaining chapters will explore my final research question:

To what ends and in whose interests was abstinence-until-marriage education adopted in Uganda? What are the social, educational and health consequences of adopting an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage?

5.5 Data Consolidation

The documentary evidence previously collected was further consolidated according to the frequency, salience and redundancy of topics and themes related to the research question above.

5.6 Qualitative Pilot Study

Prior to pursuing a full analysis of the discourse on HIV/AIDS prevention in Uganda, Reisigl & Wodak (2009) recommend undertaking a qualitative pilot study of a single text within this discourse. Such an examination permits fine-tuning and more in-depth understanding of analytical instruments (e.g. discursive strategies); it also provides an opportunity, if needed, to revise and review research questions according to novel discourse topics or themes.

For the purposes of this pilot study, I selected a short speech delivered by Ugandan President Yoweri Museveni on the 7 December 2000. The speech – conveyed to thirty-five heads of state and government convened at the African Development Forum in Addis Ababa, Ethiopia – was selected for a number of reasons. First, the speech was delivered during a critical period in the history of the nation’s HIV prevention efforts; as of late 2000, adult prevalence rates in Uganda had fallen – reportedly – to their lowest levels in nearly a decade. Second, the speech represents one of the President’s first attempts, on an international stage, to establish a narrative correlation between his government’s awareness and behaviour change campaign and declining rates of HIV prevalence in Uganda. Third, the speech features a number of claims of truth and normative rightness central to the discourse on HIV/AIDS prevention in Uganda. Finally, as a practical matter, the President’s speech is of a manageable and appropriate length for a pilot study.

The text of the speech is featured in column one of the table below. The macro- and meso-structures of the text, as well as the list of themes identified (denoted with the letter ‘T’), are outlined in column two. Column three features both a list of the various discursive strategies employed – including nomination,

predication, argumentation and perspectivation – as well as the claims of truth or normative rightness made by the President in his speech.

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
H.E. Yoweri Kaguta Museveni President of the Republic of Uganda		
Addis Ababa, Ethiopia 7 December 2000	Location Date	
Speech to African Development Forum	Text/Genre	
HIV/AIDS is the worst misfortune that befell Africa in the 20th century. Although the visitation was worldwide, sub-Saharan Africa, with 10 per cent of the world's population, accounts for 24.5 million people or 71 per cent out of the 34.3 million people in the world estimated to be living with HIV. Out of the 18.8 million people who have died of AIDS, 14 million of them have died in sub-Saharan Africa. Out of the 13.2 million children who have been orphaned by AIDS, 12 million are in sub-Saharan Africa. These grim figures clearly indicate that HIV-AIDS is, an overwhelmingly, African problem.	T: extent of HIV/AIDS epidemic in sub-Saharan Africa	
My country, Uganda was, until recently, synonymous with AIDS. By 1993, 1.5 million Ugandans, or 15 per cent of the adult population, were living with HIV/AIDS. By 1998 the number of people infected with AIDS had reached 2,000,000 of which 800,000 had died and one million children had been orphaned by AIDS. This was the highest rate in the world. It is very little consolation that, since 1993, we have moved from number 1 to number 14. However, the decline in the prevalence of HIV in the last seven years in Uganda is a clear indication that, given the will, we can, ultimately, overcome the HIV/AIDS pandemic.	T: extent of HIV/AIDS epidemic in Uganda (number of infections/deaths) T: extent of Ugandan epidemic relative to other nations in sub-Saharan Africa T: decline in HIV prevalence, political will	Perspectivation: 'my country' Argumentation: topos or fallacy of relative extent of Ugandan epidemic Predication: explicit comparison Argumentation: topos or fallacy of political will

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
<p>When the first cases of HIV/AIDS were positively identified in Uganda in 1983, the people in the affected areas associated the disease with witchcraft and the religious regarded it as a punishment by God to the wicked. Those who carried the cross of HIV/AIDS and their relatives, given the stigma attached to the disease as a disease of shame, especially when it became clear that it was mainly sexually transmitted, did what they could to conceal and deny their condition. Moreover, in the tyranny and anarchy that reigned in our country at that time, nothing was done to respond to this serious visitation. When the National Resistance Movement took power in January 1986, we found a distressing hopelessness and resignation amongst those infected with HIV/AIDS. We had weathered many storms and we saw HIV/AIDS as one more challenge, admittedly a very serious one to confront. The immediate task was to bring HIV/AIDS out in the open - to give it a face.</p>	<p>T: belief in witchcraft, moral punishment; wickedness of the afflicted</p> <p>T: stigma, shame</p> <p>T: reference to previous government</p> <p>T: will and commitment on behalf of speaker's political party</p> <p>T: humanisation of epidemic</p>	<p>Nomination: 'wicked', 'carried the cross', 'disease of shame'</p> <p>Predication: allusions; explicit comparison</p> <p>Perspectivation: 'National Resistance Movement', 'we'</p>
<p>Accordingly, in May 1986, Uganda's Minister of Health at the World Health Assembly in Geneva informed the delegates that we had an AIDS problem and needed support of the International Community to deal with it. This was shocking news to many.</p>		
<p>Here we were owning up to a disease, which was associated with homosexuality and drugs; a disease of stigma and shame. This revelation did not go down well with some of our African friends. Sadly, however, this was the reality. At home, we opened up the AIDS problem to public debate and began to develop a broad consensus on how to tackle the problem.</p>	<p>T: characterization of HIV/AIDS</p> <p>T: open response to epidemic</p>	<p>Nomination: association to homosexuality and drug use; 'disease of stigma and shame'</p>
<p>Government established an AIDS Control Programme in the Ministry of Health, the first of its kind in the world; organized an international Conference of AIDS in Kampala to mobilize financial</p>	<p>T: international mobilisation</p>	

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
<i>(continued from previous page)</i> and material support for prevention and care activities, and set up the National AIDS Prevention and Control committee, composed of government officials and members of civil society. This committee was replaced in 1992 by a statutory body, the Uganda AIDS Commission based in the President's office for purposes of inter- departmental co-ordination.		
In addition to the AIDS Control Programme in the Ministry of Health, AIDS Control Programmes were set up in other ministries and, by 1993, such programmes had been established in 12 ministries. We also encouraged the private employers to set up such programmes at places of work. Our approach, right from the beginning, has been multi-sectoral and players in both government and civil society have worked as a team to roll back the enemy.	T: government response T: cooperation between government and civil society	Perspectivation: 'team', 'enemy'
The political leadership in Uganda is totally committed to the elimination of HIV/AIDS; and we believe that this has been critical for Uganda's successful response to the pandemic.	T: political commitment	Argumentation: topos or fallacy of political commitment
Once the leadership decided to take HIV/AIDS out of the closet, all opinion leaders, from the President to the village committees, mobilized to create awareness of the dangers of HIV/AIDS in the population. We explained what it was and it was not; how the infection spreads; and how it can be avoided. I called it the good disease because it is, largely, an infection of choice. It is a largely sexually transmitted disease and can, therefore, be avoided through proper sexual behavior.	T: action on behalf of speaker T: prevention campaign T: moral behaviour	Perspectivation: reference to personal involvement Argumentation: topos or fallacy of behaviour change campaign Predication: 'good disease' CLAIM 1: HIV/AIDS a result of improper sexual conduct (topos or fallacy of appropriate or 'good' moral and/or sexual behaviour)

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
The democratization that is on-going in our country also helped us greatly in our awareness campaign. The media, both electronic and print, is completely free and largely private. We encouraged them to join the struggle against HIV/AIDS and they carried very important messages from the fearsome ones such as "AIDS KILLS" to the destigmatizing ones such as "DO NOT POINT FINGERS AT PEOPLE WITH AIDS".	<p>T: democracy</p> <p>T: free press, private ownership of media</p> <p>T: campaign of fear and de-stigmatisation</p>	<p>Nomination: democratization</p> <p>Argumentation: topos or fallacy of free, privately owned media</p>
Most important, has been the empowerment of women in our country. Today women participate at all levels of governance; and I am happy to report that they have become very assertive of their rights. This empowerment has liberated them from being merely sexual objects. They are now in full control of their lives and can make their sexual choices without coercion. In my view it is very difficult to confront the AIDS problem without empowering women.	<p>T: empowerment of women</p> <p>T: female political participation</p> <p>T: liberation</p> <p>T: control</p> <p>T: freedom of sexual choice</p> <p>T: elimination of sexual coercion</p>	<p>Argumentation: topos or fallacy of female empowerment</p> <p>Argumentation: fallacy of freedom of sexual choice, elimination of coercion</p>
As a result of our awareness campaign, close to 100 per cent Uganda know what HIV/AIDS is and how it is spread; the risks involved; and how it can be prevented. There are indications of positive behavior change. Uganda's estimated prevalence rate reduced from around 30 per cent in the early 1990s to around 8 per cent in the late 1990s; the age of first sex among girls increased from 14 to 16 years; and from 14 to 17 among boys between 1995 and 1998; sex with non-regular partners has also considerably reduced; and condom use increased from 57.6 per cent in 1995 to 76 percent in 1998. Next year, we shall require 80 million condoms. Most important of all, the stigma attached to people living with HIV/AIDS has virtually evaporated.	<p>T: knowledge of HIV/AIDS</p> <p>T: behaviour change</p> <p>T: reduction in prevalence rate</p> <p>T: increase in age of sexual debut</p> <p>T: reduction in number of casual sexual partners</p> <p>T: increase in condom use</p> <p>T: need for increased condom availability</p> <p>T: reduction in stigma</p>	<p>Argumentation: Topos or fallacy of knowledge acquisition</p> <p>CLAIM 2: Substantial reduction in prevalence rate</p> <p>CLAIM 3: Increase in age of sexual debut, increase in condom use, decrease in number of casual sexual partners, elimination of stigma</p> <p>CLAIM 4: Reduction in prevalence rate a result of government campaign</p>

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
Since 1990 when the first AIDS Information Centre was opened, 450,000 people have come forward for voluntary testing and counseling. Many people have come out openly to declare their sero status. HIV/AIDS is now almost regarded like any other chronic disease, albeit incurable. At the moment, the drugs we use have not yet removed AIDS affliction from the list of terminal sicknesses. However, I can inform you that some of our people who were found with AIDS in 1986 are still moving around, working and bringing up their families.	T: voluntary testing and counseling	Argumentation: Topos or fallacy of rate reduction based on voluntary testing and counseling
People living with AIDS need love, care and understanding like everybody else. Therefore, the first task of leaders is to urge for their accommodation in their communities and equal treatment. The infected need to support their families, like everybody else; and for as long as they are capable of working, they should be allowed to continue working. They need to be counseled to better cope with their condition and here the role of civil society is paramount. They need medical care, especially the treatment of opportunistic diseases; and we should, therefore, increase our health budgets to respond adequately to their needs.	T: needs of PLWHAs T: accommodation, equality T: counseling T: care and treatment T: budgetary constraints, appeal to donors	
Poverty compounds the problem of AIDS. It is not sheer coincidence that sub-Saharan Africa, the poorest region of the world, is also the most severely HIV/AIDS infected region of the world. Poverty has a lot of bearing on the HIV/AIDS visitation. We must, therefore, move simultaneously against both poverty and AIDS. We cannot wait to tackle HIV/AIDS after elimination of poverty; but as long as poverty persists at current levels in Africa, the eradication of HIV/AIDS will be an uphill task.	T: poverty	CLAIM 5: Poverty compounds the problem of HIV/AIDS Argumentation: topos of poverty/disease

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
<p>Today we are too poor to treat some of the opportunistic diseases. People, therefore, die prematurely, not from HIV/AIDS per se, but from conditions that can be treated successfully. Most of our people living with AIDS cannot afford the antiretrovirals drugs that have proved so effective. In Uganda it costs Shs. 8000,000/= (approximately US\$450) a month to give one patient a course of ARV drugs and, at the present level of science, the administration of these drugs must go on throughout one's life. ARV drugs can give people living with AIDS prolonged life; but neither governments nor many individuals can afford them in Africa. We do not manufacture these drugs here. The big pharmaceutical companies have invested in the research and manufacture of these drugs and they expect to make returns on their investments.</p>	<p>T: poverty</p> <p>T: cost of treatment</p> <p>T: lack of infrastructure</p>	<p>Argumentation: topos of poverty/disease</p>
<p>Since 24.5 million out of the 34.3 million people living with AIDS are in sub-Saharan Africa, we are, potentially, big customers. The market for ARV drugs is here. I do not agree with those who say that the drug companies should just reduce costs of these drugs. This would be counter-productive as it would discourage further research. Instead, I propose that African countries plus the OECD countries should combine efforts and re-imburse the money the successful pharmaceutical companies spent on research and development plus a negotiated profit level. Thereafter, the drug companies should lower the prices of the ARVs.</p>	<p>T: private market for AIDS treatment</p> <p>T: cost of ARV development</p> <p>T: cooperation with OECD countries</p> <p>T: research and development</p> <p>T: prices of ARVs</p>	
<p>Oftentimes, we in Africa wait and expect solutions to our problems to come from elsewhere. Many of us are waiting for a cure for HIV/AIDS to come from somewhere and we are complaining that no one is coming up with a cure soon enough. We, indeed, sometimes impute sinister motives to the lack of innovativeness in</p>		

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
<p>(continued from previous page) the solution of our problems. Are we, therefore, prepared to remain mere objects of history and not its subject? We, too, have our scientists; the problem is that they are not facilitated to come up with solutions to our problems. This must change. The leadership of Africa must be committed to Research and Development (R&D). We should commit more resources to R&D, we must carefully rank our priorities and clearly HIV/AIDS research should rank first; we must pool our resources if, need be, and concentrate on a few problems at a time. If we are resolute, we can solve some of our seemingly insolvable problems. For instance, if all of us pooled our resources and set up one HIV/AIDS Research Centre, we could perform some of the miracles that the big pharmaceutical companies are now performing. We need to have confidence in our scientists and to put them to work. In Uganda, since many years now, we set up an ultra-modern AIDS laboratory which has made it unnecessary to send patients abroad. With others, we can expend this capacity for greater achievement.</p>	<p>T: lack of scientific expertise and infrastructure</p>	
<p>Africa has weathered many storms. We survived the slave trade, we survived colonialism, we have survived famines, wars and various other pestilences; we shall survive HIV/AIDS.</p>	<p>T: invocation of slave trade, colonialism, famine and war</p>	<p>Nomination: establishment of collective solidarity</p>
<p>In Uganda, where we were once synonymous with HIV/AIDS, we are now counted as a success story and people are coming from all over the world to find out and, possibly, emulate what we have done. We really have nothing to offer in Uganda, neither advanced science nor superior health facilities, but commitment. Political will exists and with it, we have brought about behavior changes vital to the reduction of infection. It is through political commitment, thorough knowledge of our country, compassion for our people that</p>	<p>T: Uganda as success story T: lack of scientific expertise and health infrastructure T: political will T: behaviour change T: political commitment T: knowledge, compassion</p>	<p>Argumentation: topos or fallacy of political will/commitment as critical component of behaviour change</p>

	Macro- and mesostructure: Discourse topics	Discursive strategies (nomination, predication, argumentation, perspectivation)
<p>(continued from previous page) we gave HIV/AIDS a face and eradicated the stigmatization ... of people living with AIDS and brought down the rate of prevalence. The time has now come to move from commitment to action on the continental level. If all of us perceive this as a great threat to our survival as a people, we must work together to fight, possibly, the greatest threat to our very survival that we have ever had to face. Paradoxically, it is a quite easy to deal with. Unlike small pox, it does not spread through breathing. Unlike Ebola, it does not spread through handshakes. If we could work together in the liberation struggle against colonialism; if we could conquer apartheid together, why can't we conquer HIV/AIDS? While we are grateful for the help we are getting to fight the pestilence and should continue to be supported by international community, it is us who wear the shoe and, therefore, know where it pinches most. The onus is on us to play the major role in fighting HIV/AIDS; and we shall be most effective if we fight it together. Let AFRICA DEVELOPMENT FORUM 2000 be remembered for our resolution to meet the challenge of HIV/AIDS as one family.</p>	<p>T: de-stigmatisation T: lower rates of prevalence</p> <p>T: HIV/AIDS as threat to survival of African people</p> <p>T: invocation of colonialism, apartheid</p> <p>T: support of international community</p> <p>T: collective action</p>	<p>Nomination: establishment of collective solidarity, common threat</p>

According to Reisigl & Wodak (2009), qualitative pilot studies in DHA should incorporate the following three steps:

- (1) identification of the main discourse topics of the text;
- (2) identification of the main nomination and predication strategies used;
and
- (3) identification of the claims of truth and normative rightness made, as well as the arguments employed to justify them.

Discourse topics and themes

A detailed examination of the text in Table 1 reveals the following general themes and sub-themes:

- Severity and extent of the Ugandan AIDS epidemic
- Political will and commitment
- Government response
 - Open dialogue
 - International mobilisation
 - Official government programmes
 - Free press
 - Prevention campaign
 - Empowerment of women
 - Voluntary testing and counselling services
- Decline in HIV prevalence
- Relationship between poverty and HIV/AIDS
- Appeal for donor assistance
- African solidarity and collective responsibility

Nomination and predication strategies

Nomination and predication strategies are a common means by which powerful groups or speakers discursively construct and qualify, respectively, specific social actors, objects, events, processes and actions from their particular frame of reference. As indicated in the right-hand column of Table 1, President Museveni employs a variety of nomination and predication strategies in his efforts to forge a narrative correlation between his government's prevention efforts and declining rates

of HIV prevalence in Uganda. These strategies are used conjointly throughout the speech to characterise:

1) the extent of the AIDS epidemic in Uganda:

“My country, Uganda was, until recently, synonymous with AIDS. By 1993, 1.5 million Ugandans, or 15 per cent of the adult population, were living with HIV/AIDS. By 1998 the number of people infected with AIDS had reached 2,000,000 of which 800,000 had died and one million children had been orphaned by AIDS. *This was the highest rate in the world.* It is very little consolation that, since 1993, *we have moved from number 1 to number 14.*”

- *predication*: discursive qualification of the severity of the Ugandan epidemic through explicit relative comparison to other nations (e.g. ‘highest rate in the world’, ‘moved from number 1 to number 14’)

2) the nature of the virus itself:

“When the first cases of HIV/AIDS were positively identified in Uganda in 1983, the people in the affected areas *associated the disease with witchcraft* and the religious regarded it as *a punishment by God to the wicked*. Those who *carried the cross of HIV/AIDS* and their relatives, given the *stigma attached to the disease as a disease of shame*, especially when it became clear that it was mainly sexually transmitted, did what they could to conceal and deny their condition.”

- *nomination*: discursive construction of the virus as a disease associated with ‘wickedness’, ‘shame’, ‘witchcraft’ and ‘stigma’
- *predication*: discursive qualification of those infected with the virus as ‘carrying the cross of HIV/AIDS’

“a disease ... associated with homosexuality and drugs; a disease of stigma and shame.”

- *nomination*: discursive construction of the virus as a disease of ‘stigma’ and ‘shame’
- *predication*: stereotypical qualification of the virus as a disease ‘associated with homosexuality and drugs’

“I called it the *good disease* because it is, largely, *an infection of choice*. It is *a largely sexually transmitted disease* and *can, therefore, be avoided through proper sexual behavior.*”

- *predication*: discursive qualification of the virus as a disease of volition; discursive qualification of the virus as a consequence of

sexual impropriety; attribution of evaluative traits (e.g., ‘the good disease’)

3) the political transition in 1986

“in the *tyranny* and *anarchy* that reigned in our country at that time, nothing was done to respond to this serious visitation. When the *National Resistance Movement* took power in January 1986, we found a *distressing hopelessness* and *resignation* amongst those infected with HIV/AIDS. We had weathered many storms and we saw HIV/AIDS as one more challenge, admittedly a very serious one to confront.”

- *predication*: explicit allusion/comparison to the previous ruling party; attribution of negative evaluative traits to conditions under the previous ruling party (e.g., ‘tyranny’, ‘anarchy’, ‘distressing hopelessness’ and ‘resignation’)
- *perspectivation*: invocation of the speaker’s membership in the current ruling party (e.g., reference to the ‘National Resistance Movement’ as ‘we’)

4) the need for African solidarity and collective action in the fight against HIV/AIDS:

“Africa has weathered many storms. *We survived the slave trade, we survived colonialism, we have survived famines, wars and various other pestilences; we shall survive HIV/AIDS.*”

- *nomination*: discursive construction of membership in African society through invocation of shared hardship

“The time has now come to move from commitment to action on the continental level. If *all of us* perceive this as a *great threat to our survival as a people, we must work together to fight, possibly, the greatest threat to our very survival that we have ever had to face*. Paradoxically, it is a quite easy to deal with. Unlike small pox, it does not spread through breathing. Unlike Ebola, it does not spread through handshakes. *If we could work together in the liberation struggle against colonialism; if we could conquer apartheid together, why can’t we conquer HIV/AIDS?* While we are grateful for the help we are getting to fight the pestilence and should continue to be supported by international community, *it is us who wear the shoe and, therefore, know where it pinches most*. The *onus is on us to play the major role in fighting HIV/AIDS; and we shall be most effective if we fight it together.*”

- *nomination*: discursive construction of membership in African society through invocation of shared hardship, threat to collective survival and mutual responsibility
- *predication*: discursive qualification of threat (e.g., ‘greatest threat to our very survival that we have ever had to face’); discursive qualification of collective strength (e.g., ‘liberation’ and ‘conquer’)

Argumentation strategies

While nomination and predication strategies are an integral component of the President’s speech, the vast majority of topics and themes identified in the text are posed to the audience (or reader) through argumentation. As noted previously, argumentation schemes – allegations or affirmations made to justify or legitimate claims of truth or normative rightness – may be categorised as either reasonable or fallacious based on the following guidelines for “rational dispute and constructive arguing” (Reisigl & Wodak, 2009, 110):

... the obligation to give reasons, the correct reference to previous discourse by the antagonist, the obligation to ‘matter-of-factness’, the correct reference to implicit premises, the respect of shared starting points, the use of plausible arguments and schemes of argumentation, logical validity, the acceptance of the discussion’s results, and the clarity of expression and correct interpretation. (Reisigl & Wodak, 2009, 110)

Although Reisigl & Wodak’s framework for qualitative pilot study does not require in-depth analysis of the claims of truth or normative rightness made within a sample text, it does require identification of these claims as well as the arguments made to justify them. As noted in the right-hand column of Table 1, the following five claims of truth or normative rightness are made by President Museveni in his speech:

- Claim 1: HIV/AIDS is a morally opportunistic disease preying upon those who wilfully engage in improper or inappropriate sexual conduct. (*claim of normative rightness*)
- Claim 2: Uganda’s estimated rate of adult HIV prevalence decreased substantially from the early to late 1990s. (*claim of truth*)
- Claim 3: Substantial reductions in adult HIV prevalence may be attributed to increased age of sexual debut, increased use of condoms,

decreased numbers of casual sexual partners, and the overall elimination of stigma. (*claim of truth*)

- Claim 4: Behaviour changes observed in the adult population are a direct result of the Ugandan government's awareness and prevention campaign. (*claim of truth*)
- Claim 5: Poverty compounds and exacerbates the problem of HIV/AIDS in Uganda. (*claim of truth*)

President Museveni's first claim is made in the context of the government's efforts to "take HIV/AIDS out of the closet"; that is, to create public awareness of the disease and to mobilise prevention efforts in the early years of the epidemic:

"We explained what it was and it was not; how the infection spreads; and how it can be avoided. I called it the good disease because *it is, largely, an infection of choice. It is a largely sexually transmitted disease and can, therefore, be avoided through proper sexual behavior.*"

The statement above includes two normative assessments: first, that HIV infection is a matter of 'choice', and second, that it may be avoided through 'proper' sexual conduct. Both claims are implicitly true, the President argues, because HIV is "a largely sexually transmitted disease".

The remainder of President Museveni's claims are affirmations of truth rather than calculations of normative rightness. The second claim – of a substantial decline in the rate of adult HIV prevalence from the early to late 1990s – appears on two occasions in the text of the President's speech:

"Uganda's estimated prevalence rate reduced from around 30 per cent in the early 1990s to around 8 per cent in the late 1990s"

"since 1993, we have moved from number 1 to number 14. However, the decline in the prevalence of HIV in the last seven years in Uganda is a clear indication that, given the will, we can, ultimately, overcome the HIV/AIDS pandemic."

Based on this declaration, President Museveni goes on to make his third claim – that “indications of positive behaviour change” observed in the Ugandan population are responsible for the seemingly extraordinary decline in rates of HIV prevalence:

“There are indications of positive behavior change ... the age of first sex among girls increased from 14 to 16 years, and from 14 to 17 among boys between 1995 and 1998; sex with non-regular partners has also considerably reduced; and condom use increased from 57.6 per cent in 1995 to 76 percent in 1998. Next year, we shall require 80 million condoms. Most important of all, the stigma attached to people living with HIV/AIDS has virtually evaporated.”

The President suggests in his fourth claim that observed behaviour changes in the adult population are a direct result of the Ugandan government’s political will and commitment to fight HIV/AIDS, particularly the National Resistance Movement’s public awareness and behaviour change campaign:

“Political will exists and with it, we have brought about behaviour changes vital to the reduction of infection. It is through political commitment, thorough knowledge of our country, compassion for our people that we gave HIV/AIDS a face and eradicated the stigmatization ... of people living with AIDS and brought down the rate of prevalence.”

“... the decline in the prevalence of HIV in the last seven years in Uganda is a clear indication that, given the will, we can, ultimately, overcome the HIV/AIDS pandemic.”

“The political leadership in Uganda is totally committed to the elimination of HIV/AIDS; and we believe that this has been critical for Uganda's successful response to the pandemic.”

“As a result of our awareness campaign, close to 100 per cent of Ugandans know what HIV/AIDS is and how it is spread; the risks involved; and how it can be prevented. There are indications of positive behaviour change...”

While President Museveni relies upon subsequent affirmations to legitimate his second and third claims (in other words, substantiates his second claim by making the third, and the third by making the fourth), he supplies a number of arguments in the form of examples to affirm the importance of political will and commitment in the fight against HIV/AIDS. He begins by suggesting the

government's 'open' response to the epidemic played a pivotal role in its early success combating the virus:

"When the National Resistance Movement took power in January 1986, we found a distressing hopelessness and resignation amongst those infected with HIV/AIDS. We had weathered many storms and we saw HIV/AIDS as one more challenge, admittedly a very serious one to confront. The immediate task was to bring HIV/AIDS out in the open – to give it a face."

"in May 1986, Uganda's Minister of Health at the World Health Assembly in Geneva informed the delegates that we had an AIDS problem and needed support of the International Community to deal with it."

"we opened up the AIDS problem to public debate and began to develop a broad consensus on how to tackle the problem."

The President goes on to describe the programmes developed by both civil society organisations and the NRM government in response to particular needs exposed by the virus:

"Government established an AIDS Control Programme in the Ministry of Health, the first of its kind in the world; organized an International Conference of AIDS in Kampala to mobilize financial and material support for prevention and care activities, and set up the National AIDS Prevention and Control committee, composed of government officials and members of civil society. This committee was replaced in 1992 by a statutory body, the Uganda AIDS Commission based in the President's office for purposes of inter-departmental co-ordination."

"In addition to the AIDS Control Programme in the Ministry of Health, AIDS Control Programmes were set up in other ministries and, by 1993, such programmes had been established in 12 ministries. We also encouraged the private employers to set up such programmes at places of work. Our approach, right from the beginning, has been multi-sectoral and players in both government and civil society have worked as a team to roll back the enemy."

These programmes, he argues, advanced widespread dissemination of the government's awareness and behaviour change campaign:

"all opinion leaders, from the President to the village committees, mobilized to create awareness of the dangers of HIV/AIDS in the population. We explained what it was and it was not; how the infection spreads; and how it can be avoided."

The President goes on to suggest his government's cooperation with the 'free' press also contributed to the success of the public information offensive:

"The media, both electronic and print, is completely free and largely private. We encouraged them to join the struggle against HIV/AIDS and they carried very important messages from the fearsome ones such as 'AIDS KILLS' to the destigmatizing ones such as 'DO NOT POINT FINGERS AT PEOPLE WITH AIDS'."

Finally, the President argues the social and political 'empowerment of women' demonstrates the government's commitment to an inclusive prevention strategy:

"Most important, has been the empowerment of women in our country. Today women participate at all levels of governance; and I am happy to report that they have become very assertive of their rights. This empowerment has liberated them from being merely sexual objects. They are now in full control of their lives and can make their sexual choices without coercion. In my view it is very difficult to confront the AIDS problem without empowering women."

President Museveni's fifth and final claim of truth – that "poverty compounds the problem of AIDS" – occupies a considerable portion of the latter paragraphs of his speech. The first argument in support of this claim attempts to establish a discursive relationship between socio-economic hardship and the concentration of the AIDS epidemic in sub-Saharan Africa:

It is not sheer coincidence that sub-Saharan Africa, the poorest region of the world, is also the most severely HIV/AIDS infected region of the world. Poverty has a lot of bearing on the HIV/AIDS visitation."

The President goes on to argue that poverty has had a particularly severe impact on AIDS-related mortality in Uganda, while simultaneously limiting the nature of the NRM government's response to the virus:

"Today we are too poor to treat some of the opportunistic diseases. People, therefore, die prematurely, not from HIV/AIDS per se, but from conditions that can be treated successfully. Most of our people living with AIDS cannot afford the antiretrovirals drugs that have proved so effective. In Uganda it costs Shs. 8,000,000/= (approximately US\$450) a month to give one patient a

course of ARV drugs and, at the present level of science, the administration of these drugs must go on throughout one's life. ARV drugs can give people living with AIDS prolonged life; but *neither governments nor many individuals can afford them in Africa.*"

"We, too, have our scientists; the problem is that they are *not facilitated to come up with solutions to our problems*. This must change. The leadership of Africa must be committed to Research and Development (R&D). *We should commit more resources to R&D*, we must carefully rank our priorities and clearly HIV/AIDS research should rank first; we must pool our resources if need be, and concentrate on a few problems at a time."

As noted previously, Reisigl & Wodak's framework for qualitative pilot study does not require detailed analysis of the claims of truth or normative rightness identified in the sample text. As this step merely requires identification of such claims – as well as the argumentation strategies used to justify them – this pilot study will rightly conclude here. Given their critical importance in the overall discourse on HIV/AIDS prevention in Uganda, however, these claims will be analysed in detail throughout step 5 in the following chapter. The next chapter will also identify the salient themes and topics of the discourse on HIV/AIDS prevention in Uganda, as well as focus on the discursive strategies employed by various power elites in their efforts to implement AUME. The chapter will conclude with a discussion on the motives and interests underlying prevention discourse in Uganda.

CHAPTER SIX

Case Study of the Discourse on HIV/AIDS Prevention in Uganda

6.1 Introduction

As noted in the previous chapter, Reisigl and Wodak's fifth step – a detailed case study of the macro-, meso-, micro- and contextual levels of linguistic analysis – is the primary focus of the discourse-historical model. In the context of their framework, discourse analysis requires:

- 1) identification of the main (salient) themes and topics of a given discourse;
- 2) identification of the main discursive strategies employed by relevant groups or actors at specific periods of time within particular fields of social-political action; and
- 3) evaluation of the claims of truth or normative rightness made, based upon preceding empirical data, theoretical knowledge and rules of rational argumentation.

These steps are intended to explore – in detail – the issues raised in the first portion of my final research question; that is, to what ends and in whose interests was abstinence-until- marriage education adopted in Uganda?

A thorough examination of the documentary evidence collected in Step 2 and consolidated in Step 4 of Reisigl and Wodak's framework reveals the following salient themes in the discourse on HIV/AIDS prevention in Uganda:

- The severity of the Ugandan AIDS epidemic: 1986-2003
- The nature, scope and success of the 'ABC' approach
- The virtues and benefits of abstinence-until-marriage
- The 'war' on condoms

Wodak & Meyer (2009, 30) recommend separating description and evaluation in this step, allowing "transparency and retroduction of the respective analysis". Based on this recommendation, each theme will be explored separately below. Claims of truth or normative rightness – and the discursive strategies used to justify them – will be

scrutinised first; an evaluation of their legitimacy will follow, based upon both existing empirical data and Reisigl and Wodak's rules of rational argumentation.

6.2 Discourse Analysis

Severity of the Ugandan AIDS epidemic: 1986 – 2003

Claims of truth and normative rightness

The Ugandan HIV/AIDS 'success' story, replete with impressive accounts of rapid government response efforts, comprehensive intervention campaigns, and remarkable declines in rates of infection, has been the cornerstone of national and international discourse on the subject of pandemic disease prevention since the dawn of the 21st century (Mohiddin & Johnson, 2006; Youde, 2007). The early severity of the national epidemic and the substantial rate reductions of the 1990s have indeed proven to be popular topics of discourse for both Ugandan and international policy-makers. In a speech delivered on 7 December 2000 at the African Development Forum in Addis Ababa, President Museveni proudly announced that "Uganda's estimated prevalence rate [had] reduced from around 30 per cent in the early 1990s to around 8 per cent in the late 1990s". This claim – of a dramatic 22 percent rate reduction – was repeated, and in fact expanded, in a speech given two years later by President Museveni at the Commonwealth Heads of Government Meeting in Coolumb, Australia. There, the Ugandan president again reported that his nation's HIV/AIDS rate had fallen "from 30 percent to about 6.1 percent" within a span of only seven years²⁴ (Tumushabe, 2006, 7).

The statistical figures cited by President Museveni appeared frequently thereafter in American, British, and Ugandan print media. A story published anonymously in a May 2005 edition of the Ugandan national newspaper *The New Vision* – a periodical owned by The Vision Group, a media conglomerate in which the NRM government then held controlling stock interest – quoted U.S. Global

²⁴ Notably, articles published in the 4 March 2002 editions of *The Monitor* and *The New Vision* report that, in addition to speaking on the topic of his nation's remarkable decline in HIV prevalence, President Museveni also accepted an award from the Commonwealth Secretary General in recognition of his "personal leadership and strong commitment in the crusade against HIV/AIDS" (Tumushabe, 2006, 7).

AIDS Coordinator Randall Tobias as stating that “exemplary leadership” on behalf of the Ugandan government was responsible for the “reduction in new HIV infections from 30% to less than 6% in the last decade” (The New Vision, 2005). An article published on 23 June 2004 in the evangelical newspaper *Baptist Press* notes that, in 1994, “30 percent, or 3 out of every 10 people in the country of Uganda, were infected with HIV or AIDS” (Hendricks, 2004). Articles published in *The New York Times* on 12 March 2001 and *The Guardian* on 31 August 2005 also referenced President Museveni’s 30 percent prevalence estimate as the peak in rates of HIV infection for the East African nation in the early 1990s (Fisher, 2001; Vasagar & Borger, 2005).

This unique discursive qualification of Uganda’s remarkable HIV rate reductions also featured prominently in the text of the original PEPFAR authorisation bill. In Section 2, subsection 20A of the *United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003*, the text reads:

Uganda has experienced the most significant decline in HIV rates in any country in Africa, including a decrease among pregnant women from 20.6 percent in 1991 to 7.9 percent in 2000 (U.S. Congress, 2003a, P.L. 108-25, Section 2 (20)[A]).

Similar claims have appeared regularly in Ugandan strategy documents as well. In the *National Strategic Framework for HIV/AIDS Activities in Uganda: 2000/1-2005/6*, and in a revised version of the framework published in 2004, the Uganda AIDS Commission (UAC) (2000; 2004) proclaimed a significant decline in HIV prevalence beginning in 1995. The Commission explicitly notes this assertion is based on the findings of a Ministry of Health report issued in 2003. The report, citing surveillance data collected from 1991 to 1998 at 15 antenatal clinic sites located primarily in the southern districts of the country, suggests a drop in national prevalence from over 20% in the early 1990s to approximately 6% in 2002 (UAC, 2004; Broadbent, 2012).

Discursive strategies

The following table highlights the discursive strategies employed by various power elites in reference to this topic. Predication – the discursive qualification of social actors, objects, events and phenomena – features prominently in this theme. Perspectivation – the discursive means by which a social actor establishes distance or involvement – is also strongly implicated.

Strategy	Speaker/Source	Objective	Text
perspectivation	Ugandan media	Establishing President Museveni's personal involvement in HIV prevention efforts	"personal leadership and strong commitment in the crusade against HIV/AIDS"
perspectivation	U.S. Global AIDS Coordinator Randall Tobias	Establishing President Museveni's personal involvement in HIV prevention efforts	"exemplary leadership in Uganda ... greatly influenced the reduction in new HIV infections"
predication	Ugandan media	Discursive qualification of the rate reduction in Ugandan HIV incidence	"reduction in new HIV infections from 30% to less than 6% in the last decade"
predication	U.S./British media	Discursive qualification of the Ugandan prevalence rate (in reference to the early 1990s)	"30 percent, or 3 out of every 10 people in the country of Uganda, were infected with HIV or AIDS" "Like most African countries, Uganda has been hit hard by the disease, and at one time had an infection rate of 30 percent" "Uganda has had extraordinary success in reducing adult infection rates from 30% in the early 1990s"

Evidence and analysis

While it is widely acknowledged that Uganda achieved unprecedented and unparalleled success in its efforts to combat the spread of HIV and AIDS throughout the 1990s, the claims and statistical representations detailed in the texts above fail to accurately depict the scope and severity of the national epidemic during this period. Detailed examination of prevalence estimates reveals no evidence to support the contention that rates in the general population ever approached the oft-cited figure of 30% (Tumushabe, 2006; Broadbent, 2012). Figures published by the U.S. Census Bureau and UNAIDS instead suggest that adult prevalence peaked at *half* this number, at approximately 15%, in 1991, and fell by 10 percentage points – rather than by 24 – to 5% in 2001 (Singh, Darroch & Bankole, 2003). Rates over 20% were found in only four antenatal clinic sites in the areas surrounding Kampala and Jinja, both “highly urbanized cities” poorly representative of the national population (Broadbent, 2012, 8):

in rural areas, where the majority of the population resides, HIV rates were actually less than 5% in the 1990s. Caution with respect to Uganda’s rapid decline in HIV levels is also offered with respect to the field data – gathered from two sites, Rakai and Masaka – which are not thought to be representative of the national situation, particularly given that very little work has been done to ascertain HIV/AIDS levels in the north of the country (Allen and Heald, 2004; Schoepf, 2003). (Broadbent, 2012, 8-9)

According to Tumushabe (2006), President Museveni was well aware, prior to his December 2000 speech in Addis Ababa, that a drop in prevalence from 30.2% to 10.5% had only been recorded at *one* of the nation’s antenatal clinic sites – located in the south-western city of Mbarara – and was by no means representative of the magnitude of overall decline in the general adult population (Parkhurst, 2002; Broadbent, 2012). Regardless of this prior knowledge, however, President Museveni repeated the 30 percent figure in his 2002 address to world leaders in Australia, and has to date made no effort to correct or discourage reference to it in either national or international media reports.

One must also exercise caution when accepting epidemiological data from geographically sporadic clinic sites, particularly when such data is taken out of the

local context to make sweeping generalisations about the epidemic in the national population (Girard, 2004; Tumushabe, 2006). Indeed, antenatal surveillance data in Uganda is problematic on a number of levels. First, the data collected in the early years of the epidemic, often the source of high estimates of overall prevalence, was drawn from a limited number of *urban*-based clinics, largely inaccessible to nearly 90% of the population then residing in rural, agrarian communities (Girard, 2004; Tumushabe, 2006). Second, antenatal surveillance is likely to result in a statistically unfavourable over-representation of young women of child-bearing age, a sample group which in recent years has been shown to have considerably higher rates of infection than other groups in the general population (Allen, 2006). As noted by Tumushabe (2006, 18),

The reality is that biases in sentinel surveillance data, especially with regard to the omission of several population sub-groups [including males, rural women, commercial sex workers and members of the armed forces], demand caution in our conclusions about its usage. (Tumushabe, 2006, 18)

Third, antenatal surveillance data, even that which is collected under the most ideal of circumstances, only reflects a quasi-accurate image of *prevalence* – “the proportion of subjects who are infected [with HIV] at any given point in time” (Girard, 2004, 11) – rather than that of *incidence*, “the number of new cases per year” (Girard, 2004, 11). Therefore, prevalence data based on antenatal surveillance, particularly that which cannot be adjusted for AIDS-related mortality, is a largely meaningless indicator of the success of prevention efforts intended to reduce the number of people *newly* infected with the virus each year. It is also important to note the success of anti-retroviral (ARV) treatments has reduced yearly rates of mortality by prolonging the lives of those infected; as a result, an increase in HIV prevalence may in fact be viewed as a positive outcome of treatment efforts rather than a failure of prevention activities (Allen, 2006).

Based on these findings, President Museveni’s rate reduction figures, and the claims expounded in both the PEPFAR legislation and Uganda’s strategic frameworks, must be rejected as a misleading and ultimately illegitimate characterisation of the Ugandan epidemic based upon an “oversimplified assessment

of epidemiological data” (Parkhurst, 2002, 78; see also Tumushabe, 2006). This discursive misrepresentation – which several critics describe as intentional (Tumushabe, 2006; Broadbent, 2012) – is likely a result of the President’s desire to attract and secure international donors to fill “capacity gaps” in the nation’s financial response to the AIDS epidemic (Broadbent, 2012, 5). Since 1987, the international community had provided the vast majority of funding for prevention, treatment and care services in Uganda. By the turn of the twenty-first century, however, the percentage of donor contributions began to rapidly decline (Tumushabe, 2006). As a result, a wide spectrum of ‘stakeholders’ – including both state and non-state actors engaged in HIV/AIDS activities – required a dramatic success story to justify further funding of their programmes (Tumushabe, 2006). President Museveni’s statistical claims, however invalid, ‘worked’ for these stakeholders, the NRM government and various international donors throughout the early 2000s (Tumushabe, 2006; Broadbent, 2012):

In selling the success story, the Ugandan government exploited a ripe situation for which the donor agents on the ground were under pressure from Western capitals to demonstrate accountability for resource allocation to fight AIDS, a sizeable amount of which had been wasted on allowances to technical advisors, purchasing vehicles and endless seminars and workshops for the elite. Thus, a dramatic success story provided the necessary rationalization and justified increasing donor funding, not only to Uganda, but also to other countries, especially in Southern Africa where infection was rapidly rising. (Tumushabe, 2006, 10)

While statistical embellishment ultimately benefitted multiple actors and organisations, Ugandan power elites – particularly President Museveni – appeared to artificially inflate prevalence estimates to create and perpetuate an image of exceptional *personal* leadership. In his December 2000 speech in Addis Ababa, the President repeatedly referenced the commitment, will, and compassion of *his* government as the force compelling rate reductions in Uganda (see Qualitative Pilot Study, Chapter Five). Months later, at a March 2001 press conference, President Museveni declared “many people who have AIDS are alive today because of me”, adding in conclusion “they should thank me” (Fisher, 2001). Such statements, as well as media reports extolling the President’s “exemplary leadership” (The New Vision, 2005) and “strong commitment in the crusade against HIV/AIDS”

(Tumushabe, 2006, 7) – including those featured in publications majority-owned by his political movement – appear to confirm the importance of perspectivation and predication strategies in the Ugandan President’s claims of extraordinary declines in prevalence.

His motives, however, were plainly more strategic than compassionate in their nature. The government’s early efforts to prevent the virus – including the development of the NACP and UAC – were largely a response to the potential threat AIDS posed to Museveni’s primary base of power: the army (Tumushabe, 2006). As noted in Chapter Two, the National Resistance Movement rose to power as a paramilitary organisation in 1986; throughout the late 1980s and 1990s, its “legitimacy and hold on power consisted of its emergence as a dominant military force without a substantial economic and political base to protect it” (Tumushabe, 2006, 9). While the Ugandan government remains curiously vague regarding the extent of HIV prevalence within the army’s ranks, its mobility and concentration in regions with particularly high rates of infection prompted a rapid and comprehensive response on the President’s behalf (Tumushabe, 2006). As noted by Tumushabe (2006, 9), “[it] was perhaps this threat to his power base, more than anything else, that provided the overwhelming motive for Museveni’s personal effort[s].”

Whatever their motivation, these claims reveal a pattern of dissemblance with profound policy implications. They demonstrate the propensity of both Ugandan and American policy-makers to manipulate discourse in their favour, and to grossly over-exaggerate the severity of the problem they seek to remedy. These claims also severely undermine the credibility of statements regarding the degree to which specific intervention efforts have been successful. This calculated disingenuousness calls into question and warrants further analysis of widely circulated and accepted claims made on behalf of the same political actors, and others, regarding the scope, nature, and success of the so-called ABC approach to HIV prevention.

The nature, scope and success of the ABC approach

Claims of truth and normative rightness

Claims of Uganda's remarkable success in preventing the spread of HIV and AIDS are often accompanied by enthusiastic praise for the apparent cause of this decline – the 'ABC' approach to sexual health and disease prevention. The ABC strategy found no greater popularity than in the United States, where numerous power elites – including President George W. Bush, congressional policy-makers and mainstream media pundits – eagerly embraced this “alphabetical sound-bite” as the solution to sub-Saharan Africa's devastating AIDS epidemic (Cohen & Tate, 2005, 177; see also U.S. Congress, 2003b).

The U.S. government's endorsement of the ABC approach is evidenced by numerous policy documents and vocal rhetorical support for the model. In an April 2003 speech delivered to members of Congress urging their support for passage of his PEPFAR plan, President Bush cited Uganda's “encouraging” use of ABC as proof of the model's effectiveness:

We know that AIDS can be prevented. In Uganda, President Museveni began a comprehensive program in 1986 with a prevention strategy emphasizing abstinence and marital fidelity, as well as condoms, to prevent HIV transmission. The results are encouraging. Congress should make the Ugandan approach the model for our prevention efforts under the emergency plan. (U.S. Congress, 2003b, 7)

Heeding the President's counsel, congressional policy-makers specifically cite Uganda's application of ABC in the text of the PEPFAR authorisation act, noting the nation's “successful AIDS treatment and prevention program is referred to as the ABC model: ‘Abstain, Be faithful, use Condoms’²⁵, *in order of priority*”²⁶ (U.S. Congress, 2003a, P.L. 108-25, Section 2 (20)(C), emphasis added).

²⁵ This citation is notably the last reference made to condoms within the legislation's brief vignette on Uganda; the text goes on to extol the virtues of the nation's “low-cost program” with regard only to the success of messages promoting faithfulness and abstinence-until-marriage.

²⁶ This unique discursive characterisation of the ABC approach was likely a product of Janet Museveni's influence, as it was she who persuaded Republican lawmakers that abstinence had been the nation's *preferred* prevention strategy. In a letter addressed to the Chair of the Senate Foreign Relations Committee on 2 April 2003, Mrs. Museveni describes the ABC model as “‘Abstain, Be Faithful, use Condoms’, *in that order of preference*”. (U.S. Congress, 2003, 25; italics mine).

Following passage of the act, the Office of the U.S. Global AIDS Coordinator (OGAC) published a strategy plan outlining the Bush administration's unique conceptual approach to the ABC model. The plan defined ABC as

- (A) the encouragement of “abstinence until marriage for those who have not yet initiated sexual activity and ‘secondary abstinence’ for unmarried youth who have already engaged in intercourse”,
- (B) the promotion of “fidelity in marriage, monogamous relationships, and [a reduction in] the number of sexual partners among sexually active unmarried people”, and
- (C) the promotion and distribution of condoms “for those who practice high-risk sexual behavior”²⁷ (OGAC, 2004).

Echoing the sentiments conveyed in President Bush's April 2003 speech, the plan declares that programmes encouraging abstinence, testing and faithfulness in marriage had “proven to be successful” in Uganda (OGAC, 2004).

The success to which the OGAC plan refers may again be rooted in President Museveni's December 2000 speech in Addis Ababa. There, the President claimed that from 1995 to 1998, the age of first sex among Ugandan girls increased from 14 to 16 years, and among boys from 14 to 17. Condom use also increased during this period, he noted, while the number of Ugandans engaging in casual sexual activity with multiple partners decreased significantly. A portion of this data – notably excluding condom use statistics – was also featured in the 2003 PEPFAR authorisation act. In Section 2, subsection 20(D), the text states that, by 1995, “95 percent of Ugandans were reporting either one or zero [sexual] partners in the past year”. The text goes on to suggest “the proportion of sexually active youth declined significantly from the late 1980s to the mid-1990s”. These dramatic transformations were interpreted in the act as proof that “behavior change, through the use of the ABC model, is a very successful way to prevent the spread of HIV” (U.S. Congress, 2003a, P.L. 108-25, Section 2, (20[D])).

²⁷ According to the PEPFAR legislation, ‘those who practice high-risk sexual behavior’ include prostitutes, sexually active discordant couples and intravenous drug users.

Accounts of Uganda's 'successful' ABC approach quickly became popular fodder for the U.S. media. In a *Time* magazine article published on 18 September 2005, the opening line states "Ugandans learned their ABCs before other Africans", implying the ABC model originated in (and was unique to) Uganda in the early 1990s. In an article published by CNN on 30 April 2003, ABC is defined in the text as "abstinence, being faithful in marriage, and condoms ... *[in] the order in which people are told to conduct themselves*" to avoid contracting HIV (Bash, 2003; emphasis added). In 11 June 2003 edition of *The New York Times*, author Elizabeth Bumiller described "Uganda's ability to turn its epidemic around ... as inspiration for Mr. Bush's AIDS bill". She goes on to describe Uganda's approach as promoting "*in order, abstinence, being faithful and condoms*" (emphasis added). An op-ed published in the same newspaper three months prior, on the 1 March 2003, defined ABC in similar terms, as "Abstain, Be faithful, use Condoms *[only] if A and B fail*" (Green, 2003; emphasis added).

Discursive strategies

The table below highlights the use of nomination, predication and argumentation strategies in this aspect of the discourse on prevention. As noted in the previous chapter, nomination strategies aim to discursively construct social actors, objects or events; argumentation strategies support claims of truth or normative rightness.

Strategy	Speaker/Source	Objective	Text
nomination	First Lady Janet Museveni	discursive construction of the ABC model	"Abstain, Be Faithful, use Condoms, in that order of preference"
nomination	U.S. Congress	discursive construction of the ABC model	"Abstain, Be Faithful, use Condoms, in order of priority"
nomination	U.S. media	discursive construction of the ABC model	"abstinence, being faithful in marriage, and condoms ... <i>[in] the order in which people are told to conduct themselves</i> " "in order, abstain, being

			faithful and condoms” “Abstain, Be faithful, use Condoms [only] if A and B fail”
predication/ argumentation	U.S. Congress	discursive qualification of the ABC approach argument in favour of incorporating ABC in the PEPFAR legislation	“encouraging” “Behavior change, through the use of the ABC model, is a very successful way to prevent the spread of HIV”
predication/ argumentation	Office of the U.S. Global AIDS Coordinator	discursive qualification of the ABC approach argument in favour of incorporating ABC in the PEPFAR legislation	“proven to be successful”
predication	U.S. media	discursive qualification of the ABC approach	“Ugandans learned their ABCs before other Africans”

Evidence and analysis

Unfortunately, the discursive representation of Uganda’s ABC approach made on behalf of Janet Museveni and the United States government and media fails to accurately depict the policies promoted and implemented by the Ugandan government throughout the 1990s. While the American media portrays the ABC model as emerging in Uganda, the acronym and strategy in fact originated in Botswana’s capital of Gaborone, where, interestingly, it is reported to have “failed dismally” as an HIV/AIDS prevention message (Allen, 2006, 20; see also Allen & Heald, 2004). Detailed analysis of both Ugandan strategy documents and political discourse suggests ABC was neither a clearly defined approach nor a national policy in Uganda at any time during the 1990s (Barnett & Parkhurst, 2005). Indeed, the term ‘ABC’ fails to appear in either President Museveni’s December 2000 speech or the 59-page *National Strategic Framework for HIV/AIDS Activities in Uganda: 2000/1-2005/6* (UAC, 2000). Not until 2004, after the Ugandan government began accepting millions of U.S. dollars in PEPFAR funds, was ABC incorporated into the revised version of this framework.

Even after strategy revisions were made in 2004, the Ugandan government and that of the United States appeared to pursue widely divergent ideological approaches to ABC. The official definition adopted by the Ugandan government appears to mirror the approach promoted by UNAIDS (2004); as evidenced below, this approach “neither emphasizes abstinence until marriage nor limits the promotion [of condoms] to those engaging in ‘high-risk behaviors’” (Evertz, 2010, 9):

Abstinence or delayed first sex

Being safer by being faithful to one partner or by reducing the number of sexual partners

Correct and consistent use of condoms for sexually active young people, couples in which one partner is HIV positive, sex workers and their clients, and anyone engaging in sexual activity with partners who have been at risk of HIV exposure (Evertz, 2010, 9; see also: UNAIDS, 2004, 73)

Contrary to claims suggesting that “abstinence is best, faithfulness to one partner is second best, and use of condoms ... a poor third” (Barnett & Parkhurst, 2005, 590), the Ugandan government appears to have supported a “well-balanced” approach throughout the 1990s (UAC, 2004, 18). A report issued by the Uganda AIDS Commission in 2000 (xlv) notes “the reduction in the proportion of HIV positive persons cannot be apportioned between abstinence, being faithful, and condom use” (UAC, 2000, xlv). A study published by Gray et al in 2006 confirmed this statement, concluding it impossible to disaggregate the contributions of specific behaviour changes observed in Uganda’s adult population throughout the late 1980s and 1990s.

Indeed, there is no evidence to support the contention that abstinence was the nation’s primary prevention strategy *prior* to U.S. involvement in Uganda at the turn of the twenty-first century (Cohen & Tate, 2005). In reality, “the word abstinence per se was rarely if ever heard in Ministry [of Health] conversations”, and “was not specifically promoted on any posters, billboards, or leaflets of the national program” (Slutkin et al, 2006, 356). A 1991 NACP survey found an overwhelming majority of respondents – approximately 85% – to report that abstinence “was not a practical prevention strategy or behavioural option for any or all members of their community” (Slutkin et al, 2006, 357). With regard to youth acceptance, studies in

Uganda suggest abstinence was not perceived as either acceptable or realistic (Hulton, Cullen & Khalokho, 2000; Nyanzi et al, 2001). Students at a secondary school in the eastern district of Mbale found pre-marital abstinence “unacceptable” as a method of preventing HIV transmission (Hulton et al, 2000, 42). The majority of young male participants considered the method neither “normal” nor “possible”, while girls were not convinced abstinence was a practical strategy given “men’s frequent use of physical force to obtain sex” (Hulton et al, 2000, 43). Meanwhile, students in Masaka revealed “virginity and abstinence were not only held in low esteem, but actually stigmatized by the majority of [study] participants” (Nyanzi et al, 2001, 96).

Interestingly, a 2002 study evaluating the health benefits of one of the nation’s few pre-PIASCY abstinence interventions found the approach to be both academically deficient and dangerously misleading. The study, conducted in the year 2000 at a fee-paying, privately-funded secondary school for girls in Eastern Uganda, found no specific education programme on issues of sexuality at the school (Burns, 2002). Data collected through focus group sessions with teachers and school administrators revealed the “key strategies” for protecting the girls’ health and education included physical isolation, abstinence from sex, and avoidance of all forms of romantic love and relationships (Burns, 2002, 83). Based on these strategies, 76% of girls aged 12 to 14 and 85% of girls aged 15 to 20 found what they learned about sex, HIV/AIDS and pregnancy at the school to be “completely or partially inadequate” (Burns, 2002, 84). Indeed, younger girls were found to have little knowledge of what sex is, how to use a condom, or why it protects them, while girls of all ages lacked understanding of the biological aspects of pregnancy, menstruation and intercourse (Burns, 2002). None of the student participants demonstrated the “means or language to express their anxieties or desires, to say ‘no’ assertively, or to negotiate the use of condoms in relationships” (Burns, 2002, 84). The abstinence-only approach was also found to have little impact on cultural expectations regarding female subservience to men. Indeed, “the strategies of isolating them and teaching them about abstinence and avoidance of romantic love and sexual activity” was ultimately found to perpetuate and exacerbate this passive

femininity (Burns, 2002, 85). Notably, the study did not evaluate the ‘effectiveness’ of the abstinence-only approach with regard to actual sexual behaviour.

Claims of dramatic behaviour changes in the Ugandan population also require more detailed examination. The assertion that 95% of Ugandans reported one or zero sexual partners in 1995 is not supported by existing Demographic and Health Survey (DHS) data or information collected by the WHO’s Global Program on AIDS (GPA) (Girard, 2004). While Stoneburner and Low-Beer (2004) suggest the figure is closer to 60%, GPA survey data provides a more accurate and nuanced depiction of behavioural patterns. The data suggests the percentage of male Ugandans reporting casual sexual encounters fell from 35% in 1989 to 15% in 1995 (Green et al, 2006). The percentage of women reporting the same also decreased, from 16% to 6 (Green et al, 2006). The proportion of men reporting three or more non-regular sexual partners fell dramatically – from approximately 15% to less than 5% – over the same six year period (Green et al, 2006). These results were not consistent across all geographic regions, however. A study conducted in the Rakai district of Uganda found the proportion of young adults reporting casual sexual activity, non-marital sexual relationships and multiple sexual partnerships to actually *increase* from the mid-1990s to early 2000s (Wawer et al, 2005).

A thorough evaluation of data regarding age of sexual debut in Uganda both confirms and contradicts claims of increased youth abstinence. A study conducted by Singh, Darroch & Bankole (2003) reviewing data collected in population surveys of the late 1980s, mid-1990s, and 2000 found the number of sexually experienced boys and girls 15 to 17 years of age decreased significantly between the late 1980s and 2000. When examining this data in detail, however, questions of validity arise:

Although the DHSs for Uganda provide evidence of an upward trend in age of first sex between 1995 [and] 2000, they also provide evidence of bias in either response or sample membership sufficient to offset all evidence of trend for men and much of the evidence for women. (Gersovitz, 2007, 165)

Regional studies utilising alternative empirical data produced diametrically opposing results. A 2001 AMREF study conducted in Uganda’s eastern Soroti district found a remarkable 55% reduction in the number of boys and girls 13 to 16 years of age

reporting sexual experience from 1994 to 2001 (Hogle et al, 2002). In the south-central district of Rakai, however, Wawer et al (2005) found age of sexual debut to actually *decline* in both sexes from 1994/1995 to 2002/2003. It is also important to note that no general pattern toward secondary abstinence was observed *anywhere* in Uganda at that time (Girard, 2004; Slutkin et al, 2006).

Although excluded from the text of the PEPFAR legislation, important increases in the number of Ugandans both accepting and using condoms were also reported in the early 1990s. Singh et al (2003, 3) report that condom use “increased steeply” during the 1990s among both men and women. This claim is supported by the research findings of both Wawer et al (2005) and Slutkin et al (2006). The latter study found condom use to increase from less than 1% to over 15% among unmarried men and women between 1989 and 1995, with significantly larger increases for younger ages, including up to 50% in last intercourse for sexually active youth 15 to 17 years of age (Slutkin et al, 2006). Condom acceptance was also found to increase substantially, from less than 4% in 1990 to over 40% in 1992 (Tumushabe, 2006). These increases were notably reported among *all* segments of the sexually active population, suggesting acceptance and use was not limited to those Ugandans engaging in ‘high risk’ behaviours as defined by PEPFAR.

Any claims establishing a causal connection between the implementation of allegedly ABC-modelled prevention policies and the behaviour changes observed in Uganda throughout the 1990s must also be evaluated with a number of facts in mind. It is a mistake to assume “that declines in prevalence must be the result of a few specific policies or interventions” promoted by the Ugandan government (Parkhurst, 2002, 79). When one examines the nation’s prevention efforts closely, the government appears but one of *many* actors engaged in the fight against HIV/AIDS throughout the late 1980s and 1990s. Hundreds of non-governmental, faith-based and community-based organisations²⁸ made critically important contributions to this fight; their efforts, according to Tumushabe (2006), are widely acknowledged by the Ugandan people as considerably greater than those of the government. Even the most

²⁸ A 2001 inventory of groups engaged in HIV/AIDS activities and interventions in Uganda found 717 agencies and organisations involved in such work (Tumushabe, 2006).

generous arguments on behalf of the government's policy contributions may be futile, however, as they likely produced little change in the nation's rates of HIV prevalence. Indeed, Parkhurst (2002; 2008) cites mathematical models suggesting that while prevalence rates tend to reflect trends in incidence, they do so only "after a time lag of 7 years or more":

Hence, a decline in prevalence beginning in 1992 would correspond with a fall in incidence from the beginning of 1985 ... [when] Uganda was in the midst of its civil war and did not have any national HIV-1²⁹ prevention programmes in place. (2002, 79)

Given the political instability of the early- to mid-1980s, as well as the scarcity of population data collected at that time, it is impossible to determine with any degree of certainty what specific behavioural interventions – if any – precipitated declines in rates of HIV incidence during this troubled period in the nation's history (Gray et al, 2006).

Based on available evidence refuting their validity, claims regarding the nature, scope and success of Uganda's early prevention efforts may undoubtedly be deemed illegitimate. The discursive misrepresentation of the ABC approach outlined above – particularly the ideological prioritisation afforded to abstinence – lent false credibility to a form of sexual health education consistently found to be both coercive and ineffective (SIECUS, 2003; Center for Health and Gender Equity, 2004). At least 15 nations – specifically those ear-marked for PEPFAR funds – were thus compelled to adopt an HIV/AIDS prevention strategy that had yet to be proven a success in halting the spread of the virus. PEPFAR's potential to positively change the course of the global AIDS epidemic was severely compromised as a result of this mischaracterisation. Despite claims to the contrary (Peterson, 2003), disease-burdened and financially-desperate nations were ultimately forced to rely upon an educational model based on a "conservative religious ideology rather than a sound, scientifically-driven strategy" (Evertz, 2010, 12).

²⁹ There are two strains of human immunodeficiency virus – HIV-1 and HIV-2 – both appearing to cause clinically indistinguishable AIDS. HIV-1 is the most common and pathogenic form of the virus worldwide, and constitutes the vast majority of infections in Uganda (Avert, 2010).

With regard to their interests and motivations, a number of critics accuse the Bush administration and conservative Republican policy-makers of intentionally misleading and manipulating the American public for partisan political gain (Kohn, 2005; Evertz, 2010). Indeed, Schlobohm (2010, 4) identifies a complex constellation of “political motives and personal beliefs” underlying the President’s Emergency Plan for AIDS Relief. Critics argue discursive manipulation was part of a systematic effort to attract and appease the nation’s evangelical voters in the months preceding the 2004 presidential election (Carroll, 2005; Evertz, 2010). Evangelical Christians – a significant portion of whom constitute the Republican Party’s electoral ‘base’ – typically renounce condom promotion programmes in favour of educational interventions encouraging abstinence until marriage. Characterising Uganda’s prevention policies as abstinence-driven allowed President Bush and proponents of AUME to both declare the model a success and justify its incorporation into PEPFAR funding guidelines. It also allowed the President to satisfy American social conservatives eager for the administration to take a ‘compassionate’ stance in its increasingly unpopular foreign policy agenda post-9/11 (Tumushabe, 2006; Dietrich, 2007). President Bush framed PEPFAR’s potential in precisely such terms when discussing the plan in a speech delivered on 31 January 2003:

We have the chance to achieve a more compassionate world for every citizen. America believes deeply that everybody has worth, everybody matters, everybody was created by the Almighty, and we’re going to act on that belief and we’ll act on that passion.³⁰

President Museveni likely failed to challenge the Bush administration’s unfounded claims because he too benefitted from their discursive manipulation. By

³⁰ This statement is a noteworthy departure from previous rhetorical positions adopted by the Christian Right. In the early years of the epidemic, social conservatives frequently demonised target risk groups – including homosexuals and active prostitutes – suggesting HIV infection amounted to “just retribution” for sexual depravity (di Mauro & Joffe, 2007, 79). It also represents a significant departure from previous administration policy. In 2002, the United States partnered with Iran, Syria and the Vatican to block a UN resolution confirming the importance of medically-accurate sexual health education. In 2003, the Bush administration withdrew funding to a number of non-governmental organisations providing HIV prevention services to refugee women and children (Carroll, 2005). The administration also refused to release US\$32 million appropriated by Congress to the UN Population Fund, depriving low-income women in 140 countries of access to reproductive care services and education on HIV/AIDS (Marshall, 2002).

the late 1990s, rising economic mismanagement, high-level corruption, instigation of regional conflict and numerous human rights violations threatened to erode the previous achievements of his NRM government (Tumushabe, 2006). Despite tremendous donor support, the Ugandan economy was collapsing under the weight of a “bloated public administration” and exorbitant military spending (Tumushabe, 2006, 3). Following accusations of high-level cronyism and mismanagement in the divestiture and privatisation of state property, in 2001 the annual global Transparency Corruption Perceptions Index rated Uganda the third most corrupt country in the world (Tumushabe, 2006). Rather than devoting limited resources to resolving the guerrilla conflict and refugee crisis in the north, in 1997 the Uganda People’s Defence Force (UPDF) invaded the Democratic Republic of the Congo (DRC). While the NRM accused Congolese President Joseph Mobutu of harbouring the perpetrators of the 1994 Rwandan genocide, orders to leave the country on behalf of Mobutu’s successor were ignored. Instead, troop levels increased and UPDF forces continued to occupy the eastern provinces of the DRC throughout 1999. According to Tumushabe (2006, 2), Ugandan troops plundered the region and became “embroiled in local Congolese conflicts”. These activities ultimately resulted in charges of human rights violations brought by the UN Security Council and International Court of Justice.

To galvanise support for the flagging fortunes of the NRM – particularly with regard to sustaining donor assistance – President Museveni began in the year 2000 to highlight the positive achievements of his regime. As evidenced by his December speech in Addis Ababa, these achievements included the reduction in HIV prevalence (Tumushabe, 2006):

It is against the background of restoring the credibility of Museveni’s government in economic, governance and regional terms that the HIV/AIDS success story assumed monumental significance. (Tumushabe, 2006, 6)

President Museveni had little incentive to dispute a prevention narrative that ultimately produced a significant financial windfall for his government. Indeed, failure to appease donors could potentially lead to further economic collapse and weaken the National Resistance Movement’s already tenuous grasp on power

(Tumushabe, 2006). In exchange for their acquiescence, the NRM government ultimately received more PEPFAR funds than any other nation, accepting US\$300 million between 2004 and 2009 (Livingston, Johnson, Lyons, Smiley & Livingston, 2009; Broadbent, 2012). Other donors – including the Global Fund, the World Bank Multi-Country HIV/AIDS Program for Africa, and the Great Lakes Initiative – quickly followed America’s lead. Within mere months, millions of U.S. dollars began to flow into the coffers of the struggling NRM government (Broadbent, 2012).

Other factors also contributed to President Museveni’s ultimate decision to conform. Characterising abstinence education as an *indigenous* prevention strategy allowed the NRM government to avoid publically acknowledging the model’s baroque American roots. According to Vavrus (2004, 147), the government’s failure to reference AUME as a *borrowed* educational model is telling:

If such references were present, there might be [local] political opposition to national policies that appeared closely aligned with external forces, especially with the North Atlantic.

President Museveni also appeared to harbour an *ideological* preference for the American interpretation of ABC. It is critical at this juncture to acknowledge the importance of religious principles in the decision-making processes of both power elites and ‘every day’ Ugandans. As noted previously, approximately 85% of Ugandans belong to conservative Christian denominations. An even larger percentage of the nation’s population – approximately 90 percent – report a strong belief in the moral righteousness of remaining abstinent until marriage (Darabi et al, 2008). The strength of this conviction appeared to compel many Ugandans – including the President and his wife – to accept a prevention narrative with little basis in reality. Born-again Christians themselves, Yoweri and Janet Museveni warmly embraced both the financial reward of accepting the Bush administration’s definition of ABC, as well as the ideological precedence afforded to abstinence-until-marriage. In doing so, they joined the discursive battle between those who advocate this method and those who promote alternative approaches to viral prevention in Uganda.

The virtues and benefits of abstinence-until-marriage

Claims of truth and normative rightness

Prior to Uganda's PEPFAR partnership with the United States in 2004, the official and rhetorical position of the NRM government was acceptance and promotion of *all* viable sexual transmission prevention methods. These methods include delay of sex, increased fidelity, and the correct and consistent use of condoms. The UAC's original *National Strategic Framework for HIV/AIDS Activities in Uganda 2000/1-2005/6* (2000) explicitly advocates all three methods, a position also adopted by President Museveni both in his December 2000 speech and several public service announcements released as part of the NACP's behaviour change campaign (Sussman, 2006). While the Ugandan government remains *officially* supportive of condom use as a practical method of HIV prevention (UAC, 2007; UAC, 2012), discourse on the topic has decisively shifted from 'ABC' to 'AB'.

Shortly after the turn of the twenty-first century, Ugandan power elites began to mount an aggressive rhetorical campaign exalting the virtues of abstinence-until-marriage. The new campaign, no longer extolling the benefits of A, B *and* C, instead promotes delay of sex and faithfulness *only*, discursively representing abstinence as culturally ideal, morally superior, and more widely accepted than other forms of HIV prevention. In a speech delivered on 3 May 2002 at the World Congress of Families summit in New York City, Ugandan First Lady Janet Museveni characterised abstinence as "the perfect blending of Christian teachings and traditional African values" (HRW, 2005, 44):

The concept of abstinence ... is under-girded by Christian principles. But abstinence is also a traditional value and practice [in Ugandan culture]. There was a time in our society when pre-marital pregnancies were punishable by death, and virginity in marriage was a very valued commodity. Therefore the Christian concepts of sexual purity and faithfulness in relationships were not some strange or alien values ... it was what had always worked in our society.

Mrs. Museveni went on to argue that abstinence was “the only viable and preferred method of staying clear of the ugly head of AIDS”. She also contended that a young person who had been trained to be sexually self-disciplined would “survive better than one who has been instructed to wear a piece of rubber and continue with ‘business as usual’”. In her concluding remarks, she encouraged parents, teachers and adult mentors to remind youth “that there are some moral absolutes” in life and they “must reckon with them or perish”.

These sentiments were expounded upon the following year in the First Lady’s correspondence with U.S. policy-makers. In a letter addressed to the Republican Chair of the Senate Foreign Relations Committee on 2 April 2003, Mrs. Museveni stated:

Even before Christianity came to Uganda, promiscuity, specifically sex before marriage was severely punished; therefore in teaching abstinence to our children, we are also reinstating our cultural practices and traditions. A culture of promiscuity is, literally, a culture of death to the human race.

She further suggested the promotion of abstinence-until-marriage helped to instil in youth a biblical sense of right and wrong:

[W]e humans have an innate mechanism called conscience, which convicts us concerning what is wrong and what is right, or what is good for survival and what is harmful ... When dealing with a disease such as HIV/AIDS which has no known cure, it is important to tap into this in-built sense of right and wrong and encourage it, particularly in young people who have not yet become set in their habits or behaviour patterns. I cannot help but recall the verse in the Bible which says ‘Train a child in the way that he should go, and when he is old he will not turn away from it.’ (Proverbs, 22:6).

In the letter’s final paragraphs, the First Lady repeats her previous admonition, calling upon parents and adult mentors to accept their moral duty and preach abstinence to their children:

[I]t is our obligation to try to form their character by teaching them the benefits of abstaining from sex ... Not to do this, to me, implies that we as adults and leaders have no faith in human nature and in our ability as human beings to control ourselves. How then are we going to prevent our young

people from indulging in other practices such as excessive intake of alcohol, substance abuse, stealing and killing other human beings?

While the First Lady's rhetoric intensified in the early 2000s, her advocacy efforts on behalf of abstinence education began in the early 1990s. In 1991, Mrs. Museveni founded the National Youth Forum (NYF), an organisation principally designed "to organize retreats in which boys and girls sign commitment cards to remain 'sexually pure' until their [wedding] day" (HRW, 2005, 44). She also partnered with the non-profit Christian evangelical organisation Family Life Network to provide 'values-based' abstinence education to over 130,000 students in 400 schools across Uganda (Hendricks, 2004; HRW, 2005). At a rally held on the campus of Makerere University on World AIDS Day 2004, the First Lady called for a 'national virgin census' "to determine the percentage of children and young adults who are virgins, the percentage who have practiced 'secondary abstinence' ... and the percentage that are sexually active" (HRW, 2005, 44-45; see also BBC News, 2004). She also announced the NYF would host a party the following week for some 70,000 virgins; participants, she enthusiastically noted, were to proudly march through the streets of the capital en route to the event to rally public support (BBC News, 2004). A similar Abstinence Pride March also received the First Lady's blessing when carried out in Kampala in October of 2006 (Gusman, 2009).

Faith-based actors and organisations also played a pivotal role in transforming the discourse on HIV prevention in Uganda. At the aforementioned AIDS Day rally in 2004, Martin Ssempe – the firebrand pastor of Makerere Community Church (MCC) in Kampala – characterised the promotion of abstinence until marriage as a critical response to an ideological "attack" on Uganda allegedly driven by Islam, foreign homosexuals and "Western experts" (HRW, 2005, 47). In addition to leading prayer at the First Lady's so-called 'March of Virgins' a week following this pronouncement, Pastor Ssempe also worked with Janet Museveni to promote the Campus Alliance to Wipe Out AIDS (CAWA). A faith-based group founded by Ssempe with the aim of educating young people that abstinence is "cool, because it is God's will" (Gusman, 2009, 83), CAWA's prevention activities mirror

those of the First Lady's NYF, including the sponsorship of large-scale abstinence rallies and the commitment to so-called 'virginity pledges':

[CAWA meetings are] crowded with students, about two thousand every week, dancing with Christian rock, clapping at the performance of famous local artists, shouting 'amen' and 'hallelujah' during Ssempe's preaching, and signing 'abstinence cards' distributed by the ushers. (Gusman, 2009, 78)

According to Ssempe, these abstinence promotion activities were expressly designed to couple prevention efforts with aspirations for Ugandan youth to fully accept and "return to God's values" (HRW, 2005, 47; see also Epstein, 2005):

'Our major goal as a country is not to promote promiscuity, it's to promote abstinence. It's abstinence, it's being faithful, it's appealing to the faith [and] values of the people.' (Anastasion, 2007)

Beginning in 2004, government education policies began to reflect this increasingly narrow discursive interpretation of HIV prevention. Following an intensive review process launched by USAID, the PIASCY teachers' manuals were distributed to Ugandan primary schools enthusiastically promoting the virtues and benefits of abstinence-until-marriage. The manual for P3 and P4 instruction (designed for pupils aged 7 to 11 years of age) encourages teachers to describe sexual activity as "what grown-up married people do when they love each other in marriage" (Uganda Ministry of Education & Sports, 2004a, 35). They are further asked to remind their students that sexual activity "will not be appropriate for them for many years to come" (Uganda Ministry of Education & Sports, 2004a, 35). It describes abstaining from sex until marriage as "healthy and best" (Uganda Ministry of Education & Sports, 2004a, 35), describing virginity as a "sure way of protecting yourself against infection with HIV" (Uganda Ministry of Education & Sports, 2004a, 19). The manual declares that abstinence "brings no problems at all ... is 100% safe", and offers pupils self-respect, harmony with their parents, peace of mind for their studies and "no infections such as HIV or other STIs" (Uganda Ministry of Education & Sports, 2004a, 36). It also notes that "[being] a virgin gives you freedom to read without disturbances, help your family, and play with your friends without worries" (Uganda Ministry of Education & Sports, 2004a, 96-97).

The manual goes on to describe abstinence for this age group as “natural, not by choice”, particularly appropriate for children under the age of 14 because these students “do not have sexual feelings” (Uganda Ministry of Education & Sports, 2004a, 5; see also p.7). To the contrary, they are described as sexually “dormant” in the PIASCY text, as “their bodies have not yet developed any sexual urge” (Uganda Ministry of Education & Sports, 2004a, 8). The manual further suggests that teachers remind their students “what the Bible/Koran says about sex” (Uganda Ministry of Education & Sports, 2004a, 13), specifically noting that pre-marital sexual activity is “sinful and dishonouring to God”³¹ (Uganda Ministry of Education & Sports, 2004a, 10).

The PIASCY manual for P5 through P7 instruction (designed for pupils aged 10 to 13 years of age) again describes abstinence as “100% protective against [the] sexual transmission of HIV” (Uganda Ministry of Education & Sports, 2004b, 26). On multiple occasions, it also encourages teachers to “promise children that they will grow *better* without sex” (Uganda Ministry of Education & Sports, 2004b, 27; see also p.124). Much like the guidelines for the instruction of younger pupils, the manual also characterises sex before marriage as “sinful and forbidden by God”, as well as an egregious violation of “God’s plan for creation” and “God’s plan for continuing the human race” (Uganda Ministry of Education & Sports, 2004b, 12). Such behaviour, it argues, is likely to expose society to both “sexual disease” and “the sin of sexual immorality” (Uganda Ministry of Education & Sports, 2004b, 12). Despite encouraging teachers to avoid speaking harshly of non-virgins (see Uganda Ministry of Education & Sports, 2004b, 6), pre-marital sexual activity is nonetheless deemed “morally unacceptable” and grouped under the same textual heading as rape, incest, defilement, homosexuality and prostitution (Uganda Ministry of Education & Sports, 2004b, 14).

Although published eight months prior to the passage of Uganda’s so-called National ‘AB’ Policy, the PIASCY handbooks conform explicitly to the contents and

³¹ For those who choose secondary abstinence, however, the handbook notably declares that “God will forgive” their transgressions (Uganda Ministry of Education & Sports, 2004a, 16).

principles therein. The policy suggests that abstinence from sexual activity “is the only certain way to avoid sexually transmitted diseases” (HRW, 2005, 25); it also alludes to, but does not specify, the “social, psychological and health gains to be realized by abstaining from premarital sexual activity” (HRW, 2005, 25). The policy goes on to state that a “mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity” (HRW, 2005, 25); pre-marital or non-marital sex is deemed likely “to have harmful psychological and physical effects” (HRW, 2005, 26).

Discursive strategies

The following table features the multitude of discursive strategies employed in favour of abstinence-until-marriage education in Uganda. Again, the strategies of nomination, predication and argumentation feature prominently.

Strategy	Speaker/Source	Objective	Text
nomination/ argumentation	First Lady Janet Museveni	discursive construction of abstinence-until-marriage argument in favour of abstinence-until-marriage	“traditional” “African”
predication/ argumentation	First Lady Janet Museveni	discursive qualification of abstinence-until-marriage argument in favour of abstinence-until-marriage	“[a] moral absolute”
predication/ argumentation	PIASCY teachers’ manual	discursive qualification of abstinence-until-marriage argument in favour of abstinence-until-marriage	“healthy and best” “natural” “100% protective” “a sure way of protecting yourself against infection with HIV” “God’s plan for creation” “God’s plan for continuing the human race”

predication/ argumentation	Pastor Martin Ssempe	discursive qualification of abstinence-until- marriage argument in favour of abstinence-until- marriage	“cool, because it is God’s will”
predication/ argumentation	National ‘AB’ Policy	discursive qualification of abstinence-until- marriage argument in favour of abstinence-until- marriage	“the only certain way to avoid sexually transmitted infections”
predication	National ‘AB’ Policy	discursive qualification of marriage	“the expected standard of human sexual activity”
predication/ argumentation	PIASCY teachers’ manual	discursive qualification of pre-marital sex argument against pre- marital sexual activity	“sinful” “forbidden by God” “dishonouring to God” “sexual disease” “sexual immorality” “morally unacceptable”
predication/ argumentation	PIASCY teachers’ manual	discursive qualification (through explicit comparison) argument against pre- marital sexual activity	between pre-marital sex and “rape, incest, defilement, homosexuality and prostitution”
predication/ argumentation	First Lady Janet Museveni	discursive qualification (through explicit comparison) argument against pre- marital sexual activity	between pre-marital sex and “excessive intake of alcohol, substance abuse, stealing and killing other human beings”
predication/ argumentation	National ‘AB’ Policy	discursive qualification of pre-marital sex argument against pre- marital sexual activity	“[likely] to have harmful psychological and physical effects”

Evidence and analysis

Contrary to statements made by the First Lady (2002) and further expounded in both the PIASCY handbooks and the text of the National ‘AB’ policy, no concrete evidence suggests that abstinence-until-marriage is “the only viable and preferred method” of HIV prevention in Uganda. As Dailard (2003, 4) notes, “a person would be an ‘abstinence user’ [only] if he or she intentionally refrained from sexual activity”; this definition fails to encompass those who avoid such activity based on factors or conditions beyond their control. Despite the best efforts of Janet Museveni, the proportion of Uganda’s youth population that *wilfully* delays or abstains from sexual activity has never been measured. It is therefore impossible to determine with any degree of certainty that pre-marital abstinence is more widely accepted or indeed more effective than alternative methods of contraception and disease prevention (Dailard, 2003).

Moreover, empirical evidence fails to support the contention that commitment to abstinence-until-marriage is an absolutely foolproof method of HIV prevention for youth. While the ‘perfect use’ rate of abstinence is theoretically 100%, its ‘typical use’ rate is unknown (Dailard, 2003). Abstinence “can and does fail” in the real world (Dailard, 2003, 5), a fact confirmed by a longitudinal study evaluating the sexual behaviour of American adolescents committed to so-called ‘virginity pledges’. While Bearman & Brückner (2001) found pledge makers to delay their first sexual intercourse by an average of 18 months, 88% of the 12,000 teens surveyed admitted to breaking their pledge and engaging in sex before marriage (Carroll, 2005). This finding is corroborated in the Ugandan context as well. In an interview with Human Rights Watch in 2004, a young Ugandan woman revealed that she – despite pledging to remain a virgin at a National Youth Forum event in the mid-1990s – continued to regularly engage in sexual intercourse before marriage:

‘There is real difference between the aims of the organizers [of the Youth Forum] and the aims of the youth who attend. We would go to meet boys there. Our parents were strict. This [the Youth Forum] was a legitimate excuse to get out of the house and socialize with members of the opposite sex

... While there are some who remain virgins until they are married, I did not and neither did my friends.’ (HRW, 2005, 45)

Bearman & Brückner (2001) also found that pledge breakers were considerably less likely to use contraception or prophylaxis when engaging in sexual activity (see also Carroll, 2005). This finding suggests that pledge makers (and breakers) are in fact *more* vulnerable to sexually transmitted infections – including HIV – than those with more comprehensive knowledge of prevention.

A number of specific claims in the First Lady’s 2002 speech, 2003 correspondence, and the PIASCY teachers’ manuals may also be decisively refuted. Mrs. Museveni’s description of abstinence as “the perfect blending of Christian teachings and traditional African values” is curious (HRW, 2005, 44), particularly given that modern Christianity strongly rejects the practice of capital punishment for pre-marital sexual acts. While virginity in marriage may have been historically perceived as a “very valued commodity”, faithfulness was not (Museveni, 2002). Polygamy – of both a formal and informal nature – has long been a feature of ‘traditional’ Ugandan society (Epstein, 2005). It is also inaccurate to suggest that sexual self-discipline is necessarily a safer option than “wearing a piece of rubber and continuing with ‘business as usual’”. As noted previously, both sexes in Uganda – particularly adolescent girls and young women – report vulnerability to sexual encounters that may be characterised as violent or coercive. This is evidenced by at least two bodies of research exploring adolescent sexual activity in the southern districts of the country. The first, a study of secondary students in the south-western district of Kabale, found 31% of girls and 15% of boys to report having been forced to engage in sexual activity against their will (The Alan Guttmacher Institute, 2005). The second, conducted by Nyanzi et al (2001, 90) at a secondary school in rural Masaka, found an astounding 54% of student participants to report that teachers “seduced, intimidated and sometimes forced students to have sex with them”. In such circumstances, ‘sexual self-discipline’ is likely to play a far less important role in individual decision-making than is abject fear and humiliation.

The claims in the PIASCY handbook that youth under the age of 14 are sexually “dormant” and “do not have sexual feelings” are also found to be false.

They are contradicted by studies suggesting that at least 3 in 10 young Ugandans aged 12 to 14 have experienced some form of intimate sexual contact, including the approximately 8% of girls and 15% of boys who admit to engaging in sexual intercourse (Bankole et al, 2007; Kibombo et al, 2008). There is no empirical evidence to support the statements in the handbooks that abstinence results in harmony with one's parents, amicable friendships or academic excellence, or to confirm the puzzling contention that adolescents 'grow better' without sex. The same finding is true of vague references in the National 'AB' Policy to the "social, psychological and health gains to be realized by abstaining from premarital sexual activity" (HRW, 2005, 25).

Furthermore, the PIASCY manuals describe sexual activity only in terms of vaginal intercourse, failing entirely to address the dangers of HIV infection associated with oral and anal sex³² (Evertz, 2010; see also Uganda Ministry of Education & Sports, 2004a, 35). This omission has potentially disastrous consequences for adolescents and young adults who participate in these activities, as "oral sex does not eliminate people's risk of HIV and other STDs"³³, and engaging in anal sex can in fact heighten the risk of exposure (Dailard, 2003, 5). The statement that abstinence, based on the definition offered in the manuals, is "100% protective against [the] sexual transmission of HIV" (Uganda Ministry of Education & Sports, 2004b, 26) is thus both woefully inaccurate and dangerously misleading.

Repeated claims that abstinence-until-marriage is central to "God's plan for creation" (Uganda Ministry of Education & Sports, 2004b, 12), "God's plan for sex in your life" (Hendricks, 2004) and "God's plan for ... the human race" (HRW, 2005, 47) cannot be confirmed or refuted by scientific evidence. While clearly a popular contention on behalf of abstinence proponents, the moral superiority of deliberately

³² While research in the Ugandan context is lacking, studies of sexual behaviour in the United States indicate the persistence of very casual attitudes regarding oral sex. American high school students were found to consider oral sex a "far less dangerous alternative" to other forms of copulation (Remez, 2000, 298; see also Lewin, 1997). Middle school students as young as 10 or 11 years of age perceived oral sex to be a "safe and risk-free" option for intimacy while 'saving' themselves for marriage (Remez, 2000, 299; see also Jarrell, 2000). A 1998 study of approximately 1,000 American college students found 37% of respondents to believe that oral sex was abstinence; nearly one-fourth also perceived anal sex as abstinent behaviour (Horan, Phillips & Hagan, 1998).

³³ In addition to HIV, a number of other STDs – including HPV, herpes simplex, gonorrhea, syphilis and chlamydia – can be transmitted through oral sex.

abstaining from pre-marital sex is a subjective interpretation of reality rather than established matter of fact. As the claims made by Janet Museveni and those responsible for drafting both the PIASCY handbooks and National ‘AB’ Policy fail to conform to Reisigl and Wodak’s (2009) guidelines for rational dispute and constructive arguing, they cannot be characterised as legitimate arguments on behalf of AUME.

While at first glance the discursive strategies employed by abstinence proponents appear ideologically inspired, closer examination again reveals a compelling financial and political motive. According to an article published in *World* magazine in November 2004, Janet Museveni’s National Youth Forum received US\$3 million in U.S. government funding for the development and distribution of abstinence materials (HRW, 2005). A 2005 Human Rights Watch investigation of the organisation found that NYF had also received a PEPFAR sub-grant in the amount of US\$170,000 from the Children’s AIDS Fund (CAF), a Virginia-based organisation previously declared “non-suitable” for HIV prevention activities (HRW, 2005, 46; see also PEPFAR, 2007). Plan financial documents indicate that NYF also received US\$45,000 in PEPFAR funding through a sub-grant partnership with the Inter-Religious Council of Uganda³⁴ (PEPFAR, 2007).

The First Lady – an elected Member of Parliament for Ruhaama County and the appointed Minister for Karamoja Affairs – is also found to have used her personal and political connections to withdraw funding to organisations that promote alternative prevention methods (HRW, 2005). Groups that distribute condoms have been particularly singled out for allegedly promoting teenage sexual activity and promiscuity. A number of non-governmental organisations have expressed fear in provoking “the ire of political leaders” – including Janet Museveni – if they continue to pursue their prevention activities (HRW, 2005, 4). One such organisation – Population Services International (PSI) – was indeed stripped of its government

³⁴ As noted by HRW (2005, 46), providing American taxpayer funds to the National Youth Forum – an organisation “that engages in religious proselytizing” while conducting prevention rallies “with an explicitly Christian message” – constitutes a gross violation of U.S. laws stipulating a formal separation of church and state.

funding after angering the First Lady by attempting to distribute condoms at an abstinence-themed event (HRW, 2005).

Pastor Martin Ssempe also appears to have benefitted financially from his zealous promotion of abstinence-until-marriage. According to MCC staff members interviewed by Human Rights Watch (2005, 47), Ssempe received “considerable financial support from U.S.-based churches and American evangelicals”. In the week preceding the U.S. presidential election in November 2004, members of Ssempe’s congregation were reportedly required to “fast and pray” for the re-election of George W. Bush (Epstein, 2005):

[T]his was because Bush had a similar philosophy to their church and, more importantly, because they had been told by a prominent U.S.-based advocate for abstinence programs in Uganda that Bush’s re-election would guarantee them PEPFAR money for their prevention work with youth. (HRW, 2005, 47)

Although Ssempe has repeatedly denied receiving PEPFAR grant funds, Makerere Community Church is listed in programme documents as the recipient of a US\$40,000 PEPFAR sub-grant from Population Services International (Throckmorton, 2010). Ssempe’s CAWA organisation is also identified in programme documents as a sub-grant partner of the U.S.-based Children’s AIDS Fund (Throckmorton, 2010). In an interview with journalist Helen Epstein in September 2004, Ssempe repeatedly referenced the need to ensure PEPFAR funding “gets into the right hands” (Epstein, 2005). As noted by Epstein (2005):

Now that there is finally a huge amount of money for AIDS programs in Africa, a scramble for it now appears to be underway in Uganda ... faith-based groups like Ssempe’s are going to considerable lengths to get rid of the organizations that have been receiving US government contracts for years, especially those that promote condoms.

The latter portion of Epstein’s quote suggests the discursive shift in favour of abstinence-until-marriage came at the expense of condom users, sellers and promoters. It also suggests this dynamic was intentional, the result of a systematic effort to both discredit the device and disparage those who advocate its use. The following section explores this effort in detail.

The 'war' on condoms

Claims of truth and normative rightness

The discursive denigration of condoms began in the United States in the early 2000s, reaching a fevered pitch in Uganda by the year 2004. In 2001, the Bush administration removed all information from the Centers for Disease Control (CDC) website regarding how to use condoms correctly and consistently as a method of viral prevention (International Planned Parenthood Federation, 2007). Two years later, the administration purged all remaining content from the websites of the CDC and USAID extolling the success of comprehensive sexual education programmes featuring condom instruction and/or simulated usage (Evertz, 2010; HRW, 2005). Guidelines published by the U.S. Global AIDS Coordinator in March 2005 further limited access to medically accurate information on condoms and their use. The new guidelines prohibited PEPFAR funds in all recipient countries from being used to discuss the preventive benefits of condoms with youth under the age of 15. They also strictly forbade the use of PEPFAR funds to physically distribute or provide condoms in school settings, as well as to develop “marketing campaigns that target youth and encourage condom use as a primary prevention strategy” (Dietrich, 2007, 289; see also OGAC, 2005).

President Museveni and the Ugandan First Lady waited for no such guidelines before launching into a vitriolic diatribe against condom use and promotion in early 2004. In an interview with *The New Vision* on 17 March, the President backtracked from previous statements supporting the device – including his December 2000 speech in Addis Ababa – and declared “open war on the condom sellers” (Ssejoba, 2004). Rather than saving lives, he claimed, condoms encouraged “promiscuity among young people” (Ssejoba, 2004), a charge also levied repeatedly by his wife (HRW, 2005). In a speech delivered at the International AIDS Conference in Bangkok, Thailand in July 2004, the President stated “‘institutionalised mistrust ... is what the condom is all about’” (Evertz, 2010, 24), declaring the device an “‘improvisation ... not a solution’” (Tumushabe, 2006, 11).

In an interview conducted shortly thereafter, President Museveni described condom promotion as “a recipe for disaster” (PlusNews, 2004).

Two months following the President’s speech in Bangkok, the NRM government issued new guidelines requiring all imported condoms to undergo post-shipment quality control tests, even in cases where pre-shipment testing revealed no faulty parts or defects (Epstein, 2005; Evertz, 2010). Within less than a month – in October 2004 – the Ugandan Ministry of Health announced the nationwide recall of all government-issued Engabu-brand condoms, reportedly in response to failed quality control tests (Cohen & Tate, 2005; Evertz, 2010). The recall effectively removed the entire supply of government-subsidised condoms from store shelves and medical clinics, a result enthusiastically applauded by the President. In an interview with *The New Vision* in late November 2004, President Museveni alleged Engabu “breaks and kills people”, labelling the person responsible for their importation to Uganda “a killer” (Olupot & Maseruka, 2004). He went on to note that condom distribution in schools “promotes immorality”, describing the device as a dangerous “last resort” (Olupot & Maseruka, 2004). Within weeks, billboards advocating condom use were replaced by those encouraging abstinence-until-marriage; radio ads promoting the device were also purged from the airwaves (Anastasion, 2007).

Religious opposition to condom advocacy also intensified in 2004. In September, Pastor Martin Ssempe made headlines worldwide after setting ablaze a box of condoms on the campus of Makerere University (Anastasion, 2007). Ssempe reportedly prayed over the smouldering box, exclaiming ‘I burn these condoms in the name of Jesus!’ (Evertz, 2010). In testimony before the International Relations Committee of the U.S. House of Representatives, Ssempe claimed he did so in response to the government’s recall, stating:

[the] condoms had been banned by the government a few days earlier... they would pose a significant risk to the population at large. So I was simply fulfilling what the government had ordered, a recall and destruction of the condoms. (Epstein, 2010, 26)

Pastor Ssempe also worked with Janet Museveni to withdraw government financial aid to a secular social marketing firm responsible for condom promotion and distribution (Epstein, 2005). In an interview with an anti-abortion website in early 2008, the Pastor declared there is “no security in using condoms” to protect against HIV/AIDS (LifeSiteNews, 2009). He went on to correlate higher rates of viral prevalence with increased use of the device:

Condoms have not reduced HIV-AIDS anywhere in the world ... in fact, to the contrary, higher condoms across Africa have resulted in higher HIV ... the countries with the highest condoms, they include Botswana, South Africa, Zimbabwe, these are the countries which also have higher HIV ... if we look at countries with less condoms, such as Uganda, Senegal, Kenya, these are the countries also with less HIV. (LifeSiteNews, 2009)

Members of the international magistracy also weighed in on Uganda’s condom controversy. Randall Tobias, the U.S. Global AIDS Coordinator, declared in 2004 that condoms “[had] not been very effective” in Uganda’s fight against the virus (Blumenthal, 2009). USAID-affiliated medical anthropologist Edward C. Green – co-author of the primary PIASCY teachers’ manuals – depicted latex condoms in an interview with *Forbes* as a “‘second- or third-rate contraceptive’” (Buckman, 2009). In a 2003 BBC documentary, Cardinal Alfonso López Trujillo, President of the Catholic Church’s Pontifical Council for the Family, strongly discouraged condoms as a method of HIV prevention. Citing a failure rate of nearly 20%, he described use of the device as a form of sexual “‘Russian Roulette’” (Catholic Family & Human Rights Institute, 2003).

PIASCY materials, meanwhile, offered contradictory guidance with regard to condom use. Both instructional handbooks for primary pupils note, when used correctly and consistently, condoms “do indeed work” to prevent HIV, other STDs and pregnancy *within marriage* (Uganda Ministry of Education & Sports, 2004b, 30). For primary school-aged boys, however, condoms are “too big”; with incorrect use, the handbook declares, they will likely “slip and break” (Uganda Ministry of Education & Sports, 2004b, 136). Draft secondary school PIASCY materials included the following information on the effectiveness of condoms:

Condoms are not 100% perfect protective gear against STDs and HIV infection. This is because condoms have small pores that could still allow the virus through. (Cohen, Schneider & Tate, 2005, 2075)

The same drafts note that condoms have a prevention success rate of less than 65% (HRW, 2005). The text goes on to encourage teachers to highlight the “loopholes” of the device, rather than any potential protective benefits (HRW, 2005, 39).

Discursive strategies

The table below demonstrates the importance of predication and argumentation strategies in Uganda’s bitter ‘war’ on condoms.

Strategy	Speaker/Source	Objective	Text
perspectivation	President Museveni	establishing distance between himself and condom promoters	declares “open war on the condom sellers”
predication	First Lady Janet Museveni	discursive qualification of condoms	“a piece of rubber”
predication/argumentation	President Museveni	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“distribution of condoms in primary and secondary schools promotes immorality” “[encourage] promiscuity” “institutionalised mistrust... is what the condom is all about” “improvisation and not a solution” “a last resort” “a recipe for disaster”
predication/argumentation	Pastor Martin Ssempe	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“no security” “condoms have not reduced HIV/AIDS anywhere in the world
predication	U.S. Global AIDS Coordinator Randall Tobias	discursive qualification of condoms	“not very effective”

predication/ argumentation	Professor Edward Green (USAID)	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“[a] second- or third-rate contraceptive”
predication/ argumentation	Cardinal Alfonso López Trujillo	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“sexual Russian Roulette”
predication/ argumentation	PIASCY teachers’ manual	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“too big” “can slip and break”
predication/ argumentation	Draft PIASCY materials	discursive qualification of condoms argument against the use of condoms as a method of HIV prevention	“not 100% protective gear against STDs and HIV infection” “have small pores that could still allow the virus through”
predication	President Museveni	discursive qualification of Engabu-brand condoms	“breaks and kills people”
predication	President Museveni	discursive qualification of condom importer[s]	“Whoever allowed the importation of [Engabu] into Uganda is a killer”

Evidence and analysis

Detailed analysis of these claims and strategies reveals a startling pattern of contradictions and deceptions. Removing accurate scientific information from the websites of respected health organisations, as well as denying access to condoms to sexually-active in-school youth, sets a dangerous precedent for prevention efforts in both the U.S. and Uganda. Following Uganda’s commitment to UPE in 1997, children of all ages flooded Ugandan primary schools, many attending formal educational institutions for the first time in their lives. As a result, the nation’s classrooms are often composed of mixed-age groups, reflecting an influx of students

with disparate needs and skill levels. A class in P5, for example, might include both 10 to 13 year olds and a number of older adolescents 15, 16 or even 17 years of age. The OGAC's prohibition on condom instruction for pupils under the age of 15 is thus acutely problematic for PIASCY teachers limited to a prevention message promoting abstinence and faithfulness only. As noted in a PEPFAR evaluation report issued by the U.S. General Accountability Office (GAO) in 2006, older adolescents – and the 1 in 5 Ugandan children reporting sexual activity before the age of 15 (Uganda Ministry of Health, 2012) – requiring the full range of ABC may not receive it as a result of the OGAC's guidelines:

[T]he age cutoff for providing condom information to youths presents challenges because classrooms and out-of-school programs often include mixed-age groups ... in these situations, only AB messages are typically provided to the entire group and, as a result, some older youths who need ABC messages may not receive them. (U.S. GAO, 2006, 33)

Health educators – including those in Uganda – also expressed confusion regarding the proper use of PEPFAR funds. For example, the OGAC guidelines fail to clearly differentiate between condom instruction and efforts to market or promote the device (U.S. GAO, 2006); to err on the side of caution, many educators reported failing to discuss *any* aspect of condom use.

A vast body of scientific research refutes the claims above regarding the nature and efficacy of the device. No evidence is found to support the contention that promotion of condom use encourages promiscuity among young people. To the contrary, educational programmes featuring condom instruction and simulated usage are “not associated with [an] increased risk of adolescent sexual activity” (Kohler, Manhart & Lafferty, 2008, 344). Claims suggesting condoms have a porous surface that makes the device permeable to viral pathogens have also been disproved. Numerous laboratory studies have concluded that latex condoms “provide an essentially impermeable barrier to particles the size of STD pathogens” (CDC, 2003, 2-3); according to the World Health Organisation (2000), viruses including HIV “do not pass through intact latex condoms even when the devices are stretched or stressed”. A longitudinal study evaluating the rate of viral conversion in monogamous, sero-discordant sexual partnerships found a conversion rate of only

1.1% in 343 couples reporting correct and consistent condom use over a 24-month period (Saracco et al, 1993). A similar evaluation conducted by De Vincenzi in 1994 found *none* of the study's sero-negative subjects reporting correct and consistent condom use became infected with HIV over the course of a 20-month observation. The results of these studies appear to confirm "the protective effect of condom use" (Saracco et al, 1993, 501) rather than corroborate President Museveni's claim their promotion is "a recipe for disaster".

President Museveni's statements condemning Engabu-brand condoms and his government's order to recall and destroy them also require more in-depth analysis. Contrary to the President's claim the devices were breaking (resulting in death), the recall was actually based on an *odour* complaint, not reliable proof of malfunction (HRW, 2005). Indeed, the Ugandan government did not possess testing equipment in 2004 to confirm or refute the President's claims of alleged product failure (Epstein, 2005). Following the recall, a severe condom shortage ensued throughout Uganda. According to Altman (2005), the number of devices supplied to the country dropped from 150 million in 2004 to fewer than 30 million the following year. Brands that remained on the market were subjected to exorbitantly high tax and price increases – from US\$.16 to nearly US\$.55 – making their purchase well beyond the means of the average Ugandan consumer³⁵ (Altman, 2005):

Condoms have become difficult to find in cities, even for a price, and are unavailable in many rural areas ... some men have begun using garbage bags as condom substitutes to prevent HIV infection. (Altman, 2005)

It is also important to note that Martin Ssempe falsified testimony before the U.S. House of Representatives regarding his government's recall. While the Pastor claimed to burn a box of condoms in response to the NRM's call to action, he did so nearly a month *before* the recall was announced (Human Rights Watch, 2005). Equipped with this knowledge, the recall and incineration of Engabu appears less a sincere effort on behalf of the President and Pastor to protect the Ugandan public, and more a deceptive and illegitimate strategy to promote abstinence-until-marriage

³⁵ As noted in Chapter Two, the vast majority of Ugandans subsist on less than US\$2 per day.

policies by ridding the nation of the only product that significantly challenged their implementation and acceptance.

The Ugandan government's desire to promote abstinence-until-marriage also likely explains the irrational deprecation of condoms in the PIASCY programme materials. Claims suggesting condoms are porous – offering a mere 65% protection rate – do not reconcile with statements in the manuals indicating the device works to prevent infection *in marriage*. There is no explanation as to “why condoms are encouraged for married adults ... but unsafe for unmarried adults or adolescents” (HRW, 2005, 39). It is also unclear why ‘small pores’ in the device do not affect couples in marriage (HRW, 2005). These illogical contradictions and the claims made by the President, First Lady, Martin Ssempe and others are not supported by the facts on condoms established through scientific research. They cannot, therefore, be deemed reasonable or legitimate arguments opposing their promotion and use.

Similar to previous claims analysed in this chapter, these arguments and efforts appear directly tied to economic relationships forged between Ugandan power elites and certain factions of the U.S. government. To sustain heightened levels of financial assistance, the National Resistance Movement was compelled to accept *all* funding conditions established by its Western donors. In the case of condom promotion, these conditions included the PEPFAR guidelines issued by OGAC in March 2005. It is noteworthy, however, that opposition to the device preceded OGAC's guidelines, suggesting other motives may take precedence. While Uganda ultimately received the largest portion of PEPFAR funds, the sheer number of organisations appealing for money limited the amount available to any individual group. This dynamic inspired organisations promoting abstinence-until-marriage to actively campaign to eliminate their competition: namely, groups promoting condoms (Epstein, 2005; Vasager & Borger, 2005):

‘Religious fundamentalists, some financially supported by the U.S. government and the office of the first lady, Janet Museveni, have become prominent in attacking condoms and those who distribute them’ (Centre for Health and Gender Equity). (Vasager & Borger, 2005)

Now that there is finally a huge amount of money for AIDS programs in Africa, a scramble for it now appears to be underway in Uganda ... faith-based groups ... are going to considerable lengths to get rid of the organizations that have been receiving US government contracts for years, especially those that promote condoms. (Epstein, 2005)

With the support of powerful political allies, abstinence proponents thus enforced a referential silence on other forms of prophylaxis, thereby marginalising condoms in the discourse on prevention (Shore & Wright, 1997; Vavrus, 2004).

6.3 Uganda's Prevention Narrative

As this chapter demonstrates, Uganda's HIV/AIDS prevention narrative changed dramatically over a relatively short period of time. Late in the year 2000, President Museveni lauded the success of his government's comprehensive approach to viral prevention, including the promotion of condoms, fidelity, and delay of sexual activity (see the Qualitative Pilot Study, Chapter Five). Within a span of only four years, however, the President wholly abandoned this position, shifting his rhetorical support away from ABC to a focus on abstinence and faithfulness only. While condoms were discouraged, denigrated and destroyed, pre-marital abstinence was championed as culturally ideal, morally superior and more effective than other forms of prophylaxis. In collaboration with local power elites and the members of an international magistracy, President Museveni seized upon faulty data, the self-perceived moral high-ground and a fallacious prevention narrative to establish a discursive correlation between abstinence-until-marriage education and the prevention of HIV. The profound social, educational and health consequences of this discourse are the subject of the following chapter.

The remainder of this chapter is devoted to analysing precisely why this discourse was adopted. The answer to this question appears to be rooted in the nature of globalisation. In the late 1990s and early 2000s, the NRM government confronted many of the same challenges facing other nation-states in an increasingly globalised world. These challenges included market integration, new sources of global competition, and – to varying degrees – loss of political-economic independence. They also included the following 'core problems' identified by Dale (2000):

- the need to support a regime of capital accumulation,
- the need to ensure a context that does not inhibit its continuing expansion, and
- the need to provide a basis of legitimacy for the system as a whole.

The National Resistance Movement, however, also confronted a serious domestic challenge in the form of the AIDS epidemic. While the full economic impact of the virus is impossible to quantify³⁶, Bollinger, Stover & Kibirige (1999) identify several key mechanisms by which the epidemic affected macro-economic performance in Uganda:

- AIDS significantly reduced both the growth and size of the nation's labour supply. By 1995, an estimated 20% of the urban workforce in both the public and private sectors was infected with HIV/AIDS.
- AIDS deaths led directly to a reduction in the number of experienced workers. As less experienced workers replaced those lost to AIDS, worker productivity declined and overall output decreased.
- A shortage of workers led to higher wages, resulting in higher domestic production costs. Higher costs led to a loss of international competitiveness, which in turn weakened foreign exchange.
- Lower government revenues and reduced private savings (the result of greater health care expenditure and the loss of worker income) caused a significant drop in savings and capital accumulation. This produced slower job creation, particularly in the capital-intensive formal sector.
- As a result of fewer employment options, many Ugandan workers shifted to low-wage jobs or unemployment. This diminished annual household income and placed further strain on overburdened government services.

While Bollinger et al (1999) suggest the initial macro-economic impact of AIDS was actually quite minimal in Uganda, by the year 2000 the NRM government faced a profound economic crisis. Financial mismanagement, high-level corruption, a precipitous decline in donor contributions and a costly invasion of the DRC ultimately worsened the government's plight. Coupled with the AIDS epidemic,

³⁶ Few studies have been able to incorporate the impacts at the household and business levels in macro-economic projections (Bollinger et al, 1999).

these economic challenges largely precluded the NRM's efforts to either accumulate capital or establish a context in which it could expand. The movement's flagging fortunes as a political, economic and military force also suggest an inability to provide a basis of legitimacy for the system as a whole, limiting the government's ability to integrate successfully into the global economy.

Any policy response to the core problems advanced by globalisation thus required a parallel response to the AIDS epidemic. PEPFAR presented a unique opportunity to address both the crisis of AIDS *and* the government's economic dilemma with a single educational model. While a national sexual health curriculum may appear an unlikely forum in which to resolve *both* of these issues, the prospect of a significant influx of capital attached to the adoption of AUME proved a temptation too strong to ignore. Indeed, this thesis confirms the hypothesis put forth by Dale (2000) in his GSAE approach: *political motives and economic interests linked to the pursuit of capital compelled every discursive shift in Uganda in favour of abstinence-until-marriage*. The NRM's adoption of the Bush administration's faulty account of its prevention efforts was clearly an attempt to both establish the movement's legitimacy as a political entity and – by virtue of its new-found credibility – attract new sources of donor support. Zealous promotion of abstinence-until-marriage education produced a significant financial windfall for both the nation's religious leaders and First Lady Janet Museveni. PEPFAR funds also lined the pockets of Uganda's most vociferous and outspoken opponents of condoms and their use.

In hindsight, these findings suggest Uganda's borrowing decision was ultimately 'quick fix' rather than 'theoretical' (as previously identified in Chapter Three). As noted by Phillips and Ochs (2003; 2004), quick fix decisions are generally made by governments facing deep internal crisis, who find the adoption of foreign educational models likely to satisfy – albeit temporarily – a hostile or disaffected electorate. States are particularly likely to embrace quick fix decisions when short-term appearances or pressures directly impact long-term economic interests or political leverage (Steiner-Khamisi, 2004). According to Halpin & Troyna (1995), the particulars of quick fix policies are often less significant than

either their symbolism or role in political-economic discourse. Insufficient regard is often paid to the ability of these policies to address local needs and conditions; the basic infrastructure needed to successfully implement reforms is generally also not in place. Uganda's decision to borrow AUME clearly meets all of these conditions. Confronted with profound domestic challenges and the pressures of globalisation, the NRM government scrambled for solutions to improve its political and economic prospects. Little effort was made to assess local legitimacy, domestic compatibility or implementational feasibility; indeed, public health concerns appeared of little interest to any policy actor involved in the decision to borrow AUME. These concerns were eclipsed by the policy's symbolic appeal, profit prospects, and role in establishing the NRM's credibility, potentially exposing the Ugandan population to disastrous health and educational outcomes for many years to come.

The following chapter examines this potential, exploring the consequences of a prevention narrative based on abstinence-until-marriage. It will discuss the degree to which the American model of AUME adequately responds to both the needs and interests of the Ugandan population, as well as address the implications of policy borrowing in the context of health education. The chapter concludes with a discussion on the merits of an alternative approach – policy learning – and the future of educational policy-making in the era of globalisation.

CHAPTER SEVEN

Critique of Discourse and Application of Results

7.1 Introduction

The Ugandan government's adoption of educational policies and public rhetoric advocating pre-marital abstinence as the nation's primary HIV/AIDS prevention strategy has profound implications for the health and well-being of the Ugandan people. Since President Museveni's declaration of war on condoms and enthusiastic adoption of the PIASCY programme in early 2004, the nation's HIV prevalence rates have increased alarmingly (SIECUS, 2008, 13; Rawls, 2006). According to the results of the 2011 Uganda AIDS Indicator Survey (UAIS) (Uganda Ministry of Health, 2012a), 7.3% of all Ugandans aged 15 to 49 are HIV-positive, an increase of nearly 1% from 2004-2005 [see Figure 12] (Uganda Ministry of Health, 2006). Approximately 4% of Ugandans aged 15 to 24 are HIV-positive, with significantly higher prevalence rates among adolescent girls and young women [see Figure 13] (Uganda Ministry of Health, 2012a). Despite the introduction of a national sexual health curriculum, comprehensive knowledge of the virus *declined* from 2005 to 2011³⁷ (Uganda Ministry of Health, 2012b). The proportion of Ugandan adults expressing acceptance of people living with HIV/AIDS remained virtually unchanged.

³⁷ The proportion of Ugandans believing a healthy-looking person can be infected with HIV increased from 79% in 2004/2005 to 89% in 2011. However, the number of those aware that food sharing does not result in HIV infection decreased from 79 to 77%. The proportion of Ugandans believing that HIV cannot be transmitted by a mosquito bite remained unchanged at 57%. Comprehensive knowledge of the virus declined from 42.5 to 39.5% (Uganda Ministry of Health, 2006; Uganda Ministry of Health, 2012b).

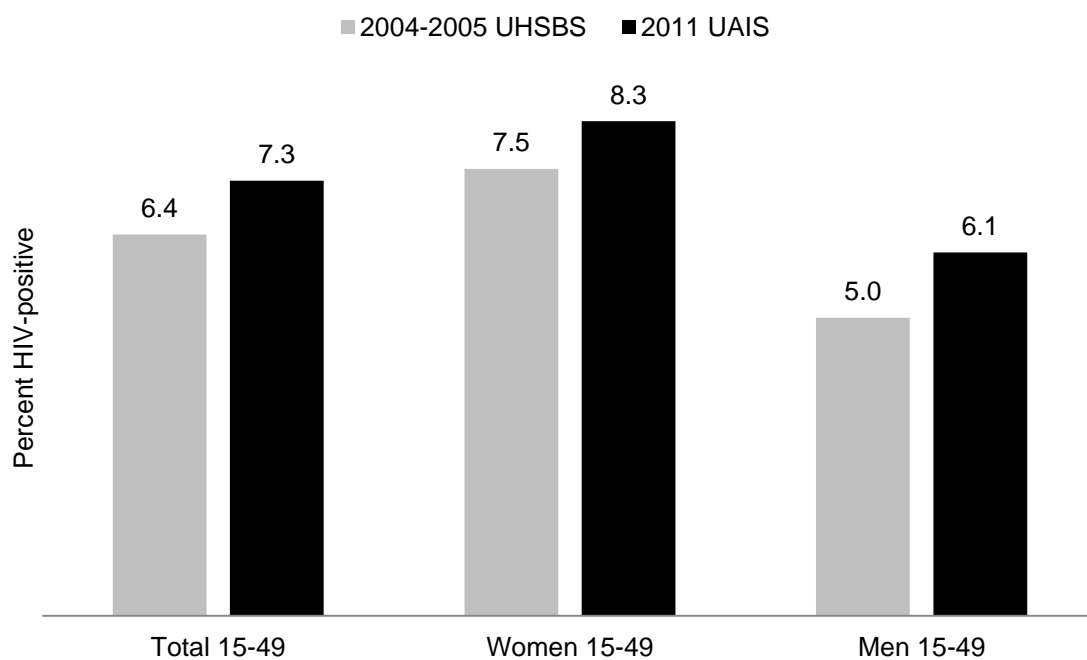


Figure 12. Trends in HIV prevalence, Uganda.
(Source: *Uganda Ministry of Health, 2012a*)

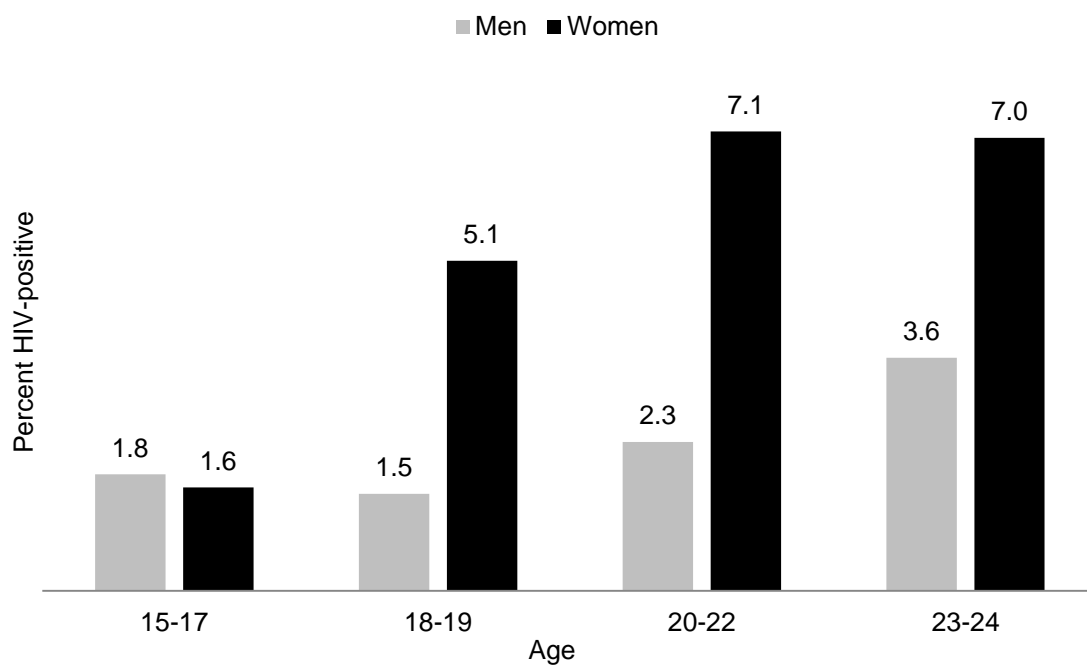


Figure 13. HIV prevalence among Ugandan youth aged 15-24 (2011).
(Source: *Uganda Ministry of Health, 2012a*)

The following chapter explores why abstinence-until-marriage education has apparently failed as a prevention strategy in Uganda. It is divided into two sections. The first section critiques the findings of the previous chapter by examining the extent to which the discourse on HIV/AIDS prevention in Uganda responds to the needs and interests of the local population. The second section draws upon this critique to discuss the pitfalls and dangers of policy borrowing in the context of health education. It concludes by offering an alternative approach to education policy-making in the era of globalisation.

7.2 Critique of Discourse

Step 6 of Reisigl and Wodak's framework includes a critique of the analysis carried out in Step 5. As noted in Chapter Five, this step is designed to examine the degree to which the discourse under analysis is appropriately suited to its specific situated context. In this study, the critique is intended to respond to the second portion of my final research question; that is, what are the social, educational and health consequences of adopting an HIV/AIDS prevention strategy in Uganda based on abstinence-until-marriage? The following section critiques the discourse on HIV/AIDS prevention in Uganda by examining the extent to which AUME adequately responds to local prevention needs and challenges.

Risk of HIV infection in marriage

Discursively representing the institution of marriage as a safe haven from the ravages of AIDS instils in adolescents and young adults a false sense of security regarding their personal vulnerability to HIV (HRW, 2005). Indeed, recent evidence suggests the AIDS epidemic in Uganda has shifted from people in single casual relationships to those in long-term stable unions (Government of Uganda, 2010; Uganda Ministry of Health 2012a). According to the results of the 2011 Uganda AIDS Indicator Survey, marriage as an institution offers no prophylactic benefit whatsoever; to the contrary, HIV prevalence is *highest* among married, divorced, and widowed Ugandans, and *lowest* among men and women who are not – and have never been – married [see Figure 14] (Uganda Ministry of Health, 2012a).

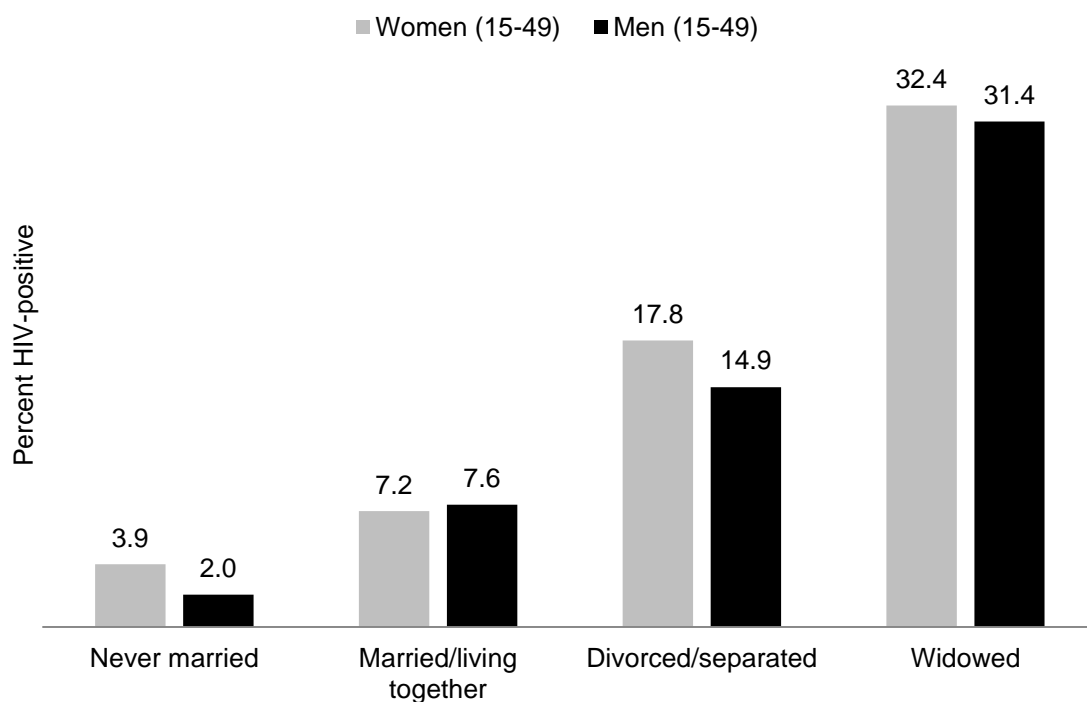


Figure 14. HIV prevalence by marital status, Uganda (2011).
(Source: *Uganda Ministry of Health, 2012a*)

While the median age for Ugandan women at first marriage is 18.2 years, HIV prevalence peaks in the nation's female population at 35 to 39 years of age (12.1%). Ugandan men marry, on average, at approximately 23 years old, yet prevalence peaks in the male population between the ages 40 and 44 (11.3%) [see Figure 15] (Uganda Ministry of Health, 2012a). This data suggests the majority of both sexes in Uganda are contracting HIV either *within marriage* or *while married*.

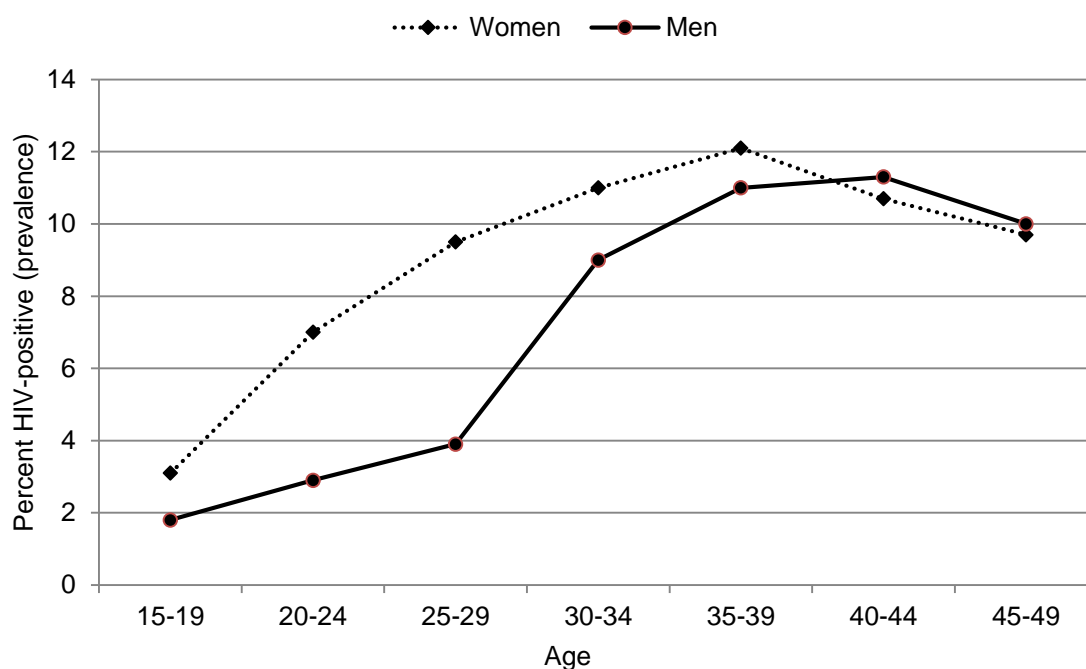


Figure 15. HIV prevalence by age, Uganda (2011).
(Source: *Uganda Ministry of Health, 2012a*)

The PIASCY programme materials contain no information on the number of Ugandans, particularly women, who remain faithful until and during marriage only to contract HIV from errant spouses (Center for Health and Gender Equity, 2004; HRW, 2005). Polygamy³⁸ and extramarital sexual partnerships³⁹ are both commonplace and “socially acceptable” practices for Ugandan *men* (Rawls, 2006; see also HRW, 2003; Loftspring, 2007), activities which likely account for the significant portion of new infections in Ugandan *women* occurring as a result of sex with their husbands or primary partner (Rawls, 2006). Domestic violence, including

³⁸ Despite statutory laws forbidding the practice of polygamy, 25% of married Ugandan women and 16% of married Ugandan men are joined in a polygynous union (Uganda Ministry of Health, 2012b). The danger of exposure to HIV is profoundly heightened in such relationships. According to Loftspring (2007), polygynist husbands often engage in extramarital affairs under the guise of looking for an additional wife, thereby increasing the likelihood he will become infected and pass the virus along to his wives. Since a wife’s “entitlement to love, consortium, and maintenance is apportioned” (Bennett, Faulk, Kovina & Eres, 2006, 458), the wives of polygamists are apt to engage in extramarital affairs themselves, “entering into relationships with other men in search of the financial or emotional support lacking within their marriages” (Loftspring, 2007, 259). These affairs further increase the risk that other wives, and also the husband, will become infected with HIV (Loftspring, 2007).

³⁹ According to the results of the 2011 Uganda AIDS Indicator Survey, approximately 26% of married men reported having two or more non-marital sexual partners in the past 12 months; less than 3% of married Ugandan women reported the same (Uganda Ministry of Health, 2012b).

assault and marital rape, is also a significant problem in Uganda, reportedly experienced by over 40% of the nation's women (Burns, 2002; Kaye et al, 2005). Married Ugandan men often perceive the traditional payment of bride price as akin to the purchase of property (HRW, 2003; Evan & Day, 2011); as a result, men frequently consider the payment of a dowry justification for sexual servitude and subjugation:

The customary payment of bride price gives the husband proprietary rights over his wife, allowing him to treat her more or less like chattel. This is especially so because it equates a woman's status in marriage with the amount of bride wealth exchanged. (HRW, 2003, 19)

According to Cohen & Tate (2005, 176), married women in Uganda have “no [legal] right to deny their husbands sex” – even if they suspect he is HIV-positive – and are in no position to “‘abstain’ from being raped, much less insist on fidelity” (Cohen et al, 2005, 2075). Indeed, in 2011, fifteen percent of married Ugandan women reported being physically forced to engage in sexual intercourse against their will⁴⁰ (Uganda Ministry of Health, 2012b). Evidence suggests “because they often have few rights within marriage, *marriage itself may be a key risk factor for HIV among women*”⁴¹ (Center for Health and Gender Equity, 2004, 6 [emphasis added]; see also HRW, 2003).

A number of traditional cultural practices also heighten the risk of infection both in marriage and in widowhood. The death of a husband – either from AIDS or other causes – places a widow in a precarious situation. Inheritance laws in Uganda frequently favour the husband's clan or family; as wives are typically considered the property of their husbands, both their bodies and belongings are often annexed by his kin. A customary practice for many cultures in Uganda⁴², wife inheritance – also

⁴⁰ Nearly 17% of married Ugandan women reported being coerced, but not physically forced, to engage in sex against their will (Uganda Ministry of Health, 2012b). Threats of eviction and abandonment are typical forms of verbal coercion (HRW, 2003).

⁴¹ In an interview with Human Rights Watch in 2003, Dr. Sheila Ndyabangi (director of mental health at the Ugandan Ministry of Health) remarked: “There is a high incidence of infection amongst faithful wives of errant husbands. The woman most at risk is a woman in a monogamous marriage.”

⁴² While the practice of wife inheritance is “widespread”, it is also concentrated in northern and eastern Uganda (IRB, 2004). A number of ethnic groups in isolated southern districts also observe this ‘tradition’; a 2007 study of inheritance practices in the southwestern district of Mbarara found

known as levirate marriage – occurs when a widow is ‘inherited’ by a male in-law and taken as his wife (IRB, 2004; Twinomujini, 2011). Originally intended to protect widows and their children after the death of the family’s breadwinner, the practice has since deteriorated into a “physically and emotionally scarring experience” (Loftspring, 2007, 254) characterised by “fear, apprehension and greed” (Mabumba et al, 2007, 230). While inheritance once required the widow to have intercourse only with her ‘inheritor’ – itself a traumatic experience – today she is often forced to have sex with multiple members of his family (Loftspring, 2007):

The evening [after the funeral], many men come to her and there is no control. She would have the ability to say no but for economic factors. If this man is giving you soap, this man is giving you meat, you cannot say no. It is only those women who are economically empowered that can say no to sex. This man comes with inducements, with inducements she needs. (HRW, 2003, 35)

In addition to this degradation, widows are also frequently subjected to a practice known as ‘cleansing’ (Loftspring, 2007; Oluoch & Nyongesa, 2013):

Widow cleansing can occur in two ways: the widow is required to have sex with a specified village cleanser as a means of ‘cleansing’ herself of the past and moving on, or the widow is required to have sexual intercourse with one of her male in-laws, usually a brother or cousin of her deceased husband, in order to ‘rid’ herself of her husband’s ‘ghost’. In neither case is a condom used. (Loftspring, 2007, 256)

Both wife inheritance and widow cleansing facilitate the spread of HIV/AIDS. Indeed, the sexual component of both practices increases the likelihood of contracting or transmitting the virus for all of those involved. In the case of the ‘village cleanser’, “the very nature of his job makes it likely that he will contract the virus and transmit it to others” (Loftspring, 2007, 256).

In the absence of a significant shift in cultural norms and outright societal rejection of male promiscuity, infidelity, and marital violence, a prevention message encouraging abstinence-until-marriage is but a temporary stopgap measure at best.

(continued from previous page) approximately 70% of respondents to acknowledge the existence of wife inheritance in their communities (Mabumba et al, 2007).

At worst, it is a woefully misguided strategy that ill-equips adolescents and young adults for the reality of future sexual encounters in which their health and lives may be at risk.

Homosexuality in Uganda

An HIV/AIDS prevention message encouraging youth to abstain from out-of-wedlock sexual activity is entirely inadequate for members of the Ugandan population for whom marriage has been declared unlawful. In 2006, Ugandan lawmakers approved an amendment to the nation's constitution proclaiming same-sex marriage illegal, rendering abstinence-until-marriage messages irrelevant to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. The Ugandan criminal code defines homosexual activity as “carnal knowledge of any person against the order of nature” (Evertz, 2010, 27); those found guilty of this ‘offense’ are subjected, at present, to between 14 years and life imprisonment (Evertz, 2010). Controversial legislation introduced in 2009 attempted to make the practice of so-called “aggravated homosexuality” – including same-sex sexual relations with any person under the age of 18 – a crime punishable by death (Evertz, 2010, 28). The final legislation, approved in February 2014, replaced the death provision with mandatory life imprisonment for those found guilty of what President Museveni termed “unnatural” sexual acts (Landau, Verjee & Mortensen, 2014).

Proponents of Uganda's National ‘AB’ Policy reject criticisms that PIASCY – which defines homosexuality as “morally unacceptable” (Uganda Ministry of Education & Sports, 2004b, 14) – is an insufficient educational model for LGBTQ youth. In accepting an award from the Commonwealth Secretary-General in 2002, President Museveni notably declared “we don't have homosexuals in Uganda” (Free Republic, 2002). James Kigozi, a member of the Uganda AIDS Commission, noted “[t]here's no mention of gays and lesbians in the national strategic framework because the practice of homosexuality is illegal” (PlusNews, 2006); he went on to describe these groups as “marginal” and their numbers in Uganda as “negligible” (PlusNews, 2006). Minister of Health Jim Muhwezi stated LGBTQ youth “don't deserve a special message”, adding “[t]hey shouldn't exist, and we hope they are

not there” (Evertz, 2010, 27). In February 2014, President Museveni backtracked from his previous statement, acknowledging the existence of Uganda’s homosexual community but declaring them “disgusting” (Landau, Verjee & Mortensen, 2014). Given the government’s apparent rejection of its homosexual population, no national survey data has ever been collected to analyse either its size or the nature and severity of the AIDS epidemic within it (Evertz, 2010). Depriving this segment of Ugandan society access to comprehensive sexual health education and subjecting its members to an HIV prevention message to which they cannot possibly adhere is both discriminatory and dangerous from a public health perspective.

Transactional sex

Educational interventions encouraging abstinence as the only viable method of HIV prevention for unmarried adults and adolescents also fail to account for the practice of engaging in sexual activity for economic gain. According to the results of the 2011 UAIS, transactional sex – “the exchange of money, gifts or favours for sexual intercourse” (Uganda Ministry of Health, 2012b, 80) – is a fairly uncommon activity for Ugandan men and women. Only 5 percent of adolescent girls and young women aged 15 to 19 reported offering sex in exchange for goods and services, while six percent reported accepting money in exchange for sexual favours. Women who have never married (5.7%) or are divorced, separated or widowed (7.9%) were more likely to report engaging in transactional sex than women who are currently married or living with a primary partner (2.3%). Men aged 20 to 24 were more likely to report paying for sexual intercourse than any other age group; only 4%, however, admitted to regularly doing so.

These statistics, however, fail to accurately depict the preponderance of sexual encounters initiated in Uganda for livelihood, duty and survival⁴³ (Barnett & Parkhurst, 2005). Transactional sex for survival purposes is well-documented in both children and adults throughout sub-Saharan Africa, particularly those living in abject

⁴³ Only individuals aged 15 to 59 were interviewed in the 2011 Uganda AIDS Indicator Survey (Uganda Ministry of Health, 2012b). Over half of the Ugandan population is under the age of 15; previous research suggests a considerable amount of transactional sexual activity occurs outside the survey’s sample demographic (Hulton et al, 2000; Nyanzi et al, 2001).

poverty, orphaned by the AIDS epidemic, or displaced by violent conflict. Educators interviewed by Human Rights Watch (2005, 35) in the Ugandan district of Mbale reported “many girls are using sex to buy their daily bread”. They further noted that while abstinence messages were promoted in primary schools, they were quickly rejected or dismissed by most youth. For the nearly 1.5 million Ugandans displaced by violent conflict, “moralistic appeals” to abstain from sexual activity have largely fallen on deaf ears (Cohen et al, 2005, 2076). Poverty, displacement, and a lack of employment options routinely drive women and girls to engage in sex for money (Hulton et al, 2000; HRW, 2005); messages promoting abstinence and purity are therefore regarded by many Ugandans as irrelevant and “inappropriate” (HRW, 2005, 56). These sentiments are echoed by advocates working on behalf of the nation’s 1.2 million AIDS orphans:

Abstinence is a message for the elite; it has no place in the slums ... [Orphan girls] live five to a room. There is no supper for them. The man outside says he will give her money and a place to sleep. Now, what is she going to do, abstain? These orphans need assistance, services and access to protection, not judgmental messages. (Youth activist, Kampala) (HRW, 2005, 53)

The social and economic context in which sex occurs may therefore “influence perceptions of risk and patterns of behavior more strongly than individual choices” (Barnett & Parkhurst, 2005, 592). Educational programmes advocating abstinence-until-marriage are thus unlikely to resonate with Ugandans for whom socio-economic needs – real or perceived – trump ideological principles in their struggle for survival.

Many Ugandan adolescents resort to transactional relationships not for survival purposes, but rather as a result of intense pressure from their peers (Nyanzi et al, 2001; Chatterji et al, 2004). Indeed, anthropological studies in Uganda suggest pressure from ‘the group you are moving in’ features as a powerful motivating factor in transactional sexual activity (Hulton et al, 2000). In a 2001 study at a secondary school in rural Masaka, student participants reported “substantial pressure from peers to lose [their] virginity as early as possible” (Nyanzi et al, 2001, 91). Male students responded to this pressure by offering their female counterparts gifts or money in exchange for sexual favours. Female students, meanwhile, reported that the desire to

obtain so-called ‘luxury items’⁴⁴ – including clothing, jewellery, shoes and cosmetics – compelled many girls and women to engage in sex for money. All study participants characterised sexual activity as the “major source of income for [most] girls” (Nyanzi et al, 2001, 88). The majority of both sexes also considered it “prestigious” to have multiple sexual partners (Nyanzi et al, 2001, 91). While some girls in transactional relationships perceived of themselves as powerful, the vast majority of these relationships were characterised by female participants as coercive (Moore et al, 2007). They reported that receiving money or gifts compromised their ability to reject unwanted sexual advances, as the practice of ‘detoothing’ – taking money or gifts but offering no sexual favours in return – frequently resulted in rape (Nyanzi et al, 2001; Moore et al, 2007). Messages promoting abstinence were rejected by the majority of study participants; indeed, youth choosing to abstain were frequently ridiculed by their peers (Nyanzi et al, 2001).

These findings suggest peers have a more direct influence on each other’s decisions about sexual behaviour than parents, teachers, traditional institutions or public health campaigns (Nyanzi et al, 2001). They also demonstrate the unfortunate reality that many young Ugandans approach sexual activity – and their personal risk of exposure to HIV – with a great degree of apathy. As noted by Hulton et al (2000, 35), “the fundamental barriers to behavioural change lie within the economic and socio-cultural context that molds the sexual politics of youth”. Educational interventions intended to reduce HIV transmission must address this context – and its inherent risks – in a clear and comprehensive manner. To their credit, the PIASCY teachers’ manuals do *acknowledge* the practice of transactional sex, admonishing youth to avoid sexual activity “for gifts, favours, money or things” (Uganda Ministry of Education & Sports, 2004b, 152). The manuals fail, however, to address key risk factors – including poverty and disempowerment – which compel many young Ugandans to engage in this activity. Rather, teachers are advised to offer their pupils the following limited ‘guidance’:

⁴⁴ Nyanzi et al (2001) found a general lack of communication between parents and children on the topic of sexual activity to make adolescents and young adults fearful of asking for such items. Female study participants reported being too “afraid or embarrassed to ask their parents to provide articles such as clothes, shoes, underwear, creams and soaps because the need for such products might suggest they are making themselves attractive in order to seduce men” (Nyanzi et al, 2001, 88).

If a sugar daddy or mummy offers to help you with school fees or necessities, be strong and walk away. Think of better ways to meet your basic needs that do not expose you to sex. (Uganda Ministry of Education & Sports, 2004b, 152)

Notably, the manual does not go on to inform either teachers or students of ‘better ways’ to meet their basic needs.

The PIASCY programme will inevitably fail as a prevention strategy if it remains unable to address these challenges and persuade the majority of its audience that real-life, potentially deadly consequences exist if they do not reduce their involvement in high-risk sexual activity.

Initiation and pre-marital rites

An abstinence-driven educational model also fails to adequately address traditional rites and customs that place many young Ugandans at great risk of HIV infection. Although “forms of instruction about coming of age differ according to ethnic culture” (Neema, Moore & Kibombo, 2007, 21), a number of tribes in eastern Uganda engage in the practice of ritual circumcision. Young males in the Sebei and Bagisu tribes undergo traditional male circumcision (TMC) – the ritual removal of the penile foreskin – between the ages of 14 and 18. Viewed as an “important rite of passage from boyhood to manhood” (Hulton et al, 2000, 43), TMC is often carried out in the midst of an elaborate celebration:

Candidates announce their decision to be circumcised by dancing publicly in their villages a few days prior to the day of circumcision. They visit the homes of their relatives and invite them to the circumcision ceremony. During this time, they receive gifts from their relatives and help their parents prepare food and brew beer. (Sarvestani et al, 2012)

Unfortunately, casual sex among adolescents is both common and encouraged during ritual celebrations (Kibombo et al, 2007; Neema et al, 2007). Sexual activity, much like TMC, is often perceived as a traditional rite of passage from adolescence to adulthood; social pressure for newly circumcised boys to ‘prove’ their sexual virility is therefore quite intense (Hulton et al, 2000). Boys cite family members –

specifically fathers, uncles, brothers and male cousins – as the major source of encouragement to engage in sexual intercourse (Hulton et al, 2000). Girls, although fearful of rape, often permit sexual aggression during this period to allow a boy to satisfy his ‘natural manly demands’ (Hulton et al, 2000). Condom use is rarely negotiated during such encounters (Hulton et al, 2000; Kibombo et al, 2007; Neema et al, 2007).

Young females in the Pokot and Sabiny tribes also undergo a form of ritual circumcision known as female genital mutilation⁴⁵ (FGM). Although outlawed in 2010⁴⁶, the practice – involving the partial or complete removal of the external female genitalia – is typically carried out on girls between the ages of four and 18 (Kasozi, 2013; The Africa Report, 2013). Unlike TMC, female genital mutilation is rarely an occasion for joyful celebration; to the contrary, first-hand accounts describe the procedure as both painful and traumatic:

‘[A] group of women knocked at my door, early in the morning and ordered me to get out. I did not know what they wanted, but I obliged. On stepping out, I met a bigger group that had gathered in my homestead. Immediately, they saw me, they started singing that they had come to initiate me into womanhood. They asked me to follow them to the ritual grounds where my genitals were mutilated. Every time I look at the scar, I am haunted by the humiliation and excruciating pain they put me through.’ (Masinde, 2013)

‘We were treated like cows in a slaughterhouse. We were forced to lie down and our mouths gagged to prevent us from shouting. I lost a lot of blood ... I would never wish that experience on my child.’ (Masinde, 2013)

According to Masinde (2013), FGM is designed to reduce a women’s physical desire for intercourse, thereby reducing the possibility she will engage in sex outside marriage. Cultural beliefs dictate ritual circumcision before a woman can be married; failure to undergo the procedure decreases the chance of both finding a husband and

⁴⁵ As of 2012, less than 1% of the Ugandan population was involved in the practice of female genital mutilation. The practice is “rampant”, however, among the Pokot and Sabiny (Masinde, 2013). According to United Nations Uganda (2012), 50% of Sabiny and 95% of Pokot girls are ritually circumcised in their youth.

⁴⁶ On March 17, 2010, President Museveni signed the first national law banning all forms of female genital mutilation. The act mandates that anyone carrying out or facilitating FGM is subject to a five-year prison sentence. If a girl dies as a result of the procedure, those involved – including the cutter, her parents, and others – may be imprisoned for life (UNFPA, 2010).

– for the woman’s family – obtaining an attractive bride price. As a result, many parents offer their daughters financial incentives or traditional medicine to encourage the procedure (Masinde, 2013).

The PIASCY programme materials mention TMC and FGM only briefly, describing circumcision as a “harmful cultural practice” (Uganda Ministry of Education & Sports, 2004b, 26). In reality, *male* circumcision has been found in numerous clinical trials to offer “a consistent protective effect of approximately 60% [HIV] risk reduction among heterosexual men”⁴⁷ (Sarvestani et al, 2012; see also Auvert et al, 2005; Bailey et al, 2007; Gray et al, 2007). The cultural expectations attached to the practice – rather than the act itself – heighten the risk of exposure to HIV/AIDS. *Female* genital mutilation, however, offers no redeeming health benefits. The immediate side effects include shock, stress and agonising pain; the procedure can also result in blood poisoning, pelvic inflammation, and a host of gynaecological, obstetric and urinary tract complications (Masinde, 2013). Local surgeons typically use shared, un-sterilised cutting instruments, also heightening the risk of HIV transmission (Masinde, 2013; The Africa Report, 2013). The PIASCY teaching materials fail to equip children and adolescents with the necessary knowledge and skills to reject familial pressures, and to substantively address the cultural environment that motivates young people to either begin having sex at an early age or succumb to risky pre-marital rites (Hulton et al, 2000). This omission leaves both PIASCY educators and Ugandan students unable to respond to this environment and its outcomes in an informed and meaningful way.

While the social, educational and health consequences of AUME are likely to vary across regions, ethnic groups, and indeed the entire population, they are – in the main – profoundly deleterious. Despite the positive discursive representation constructed by power elites in both the U.S. and Uganda, an abstinence-driven educational model appears unable to meet the prevention needs of many young Ugandans. Messages promoting abstinence-until-*marriage* are particularly inappropriate given the lack of autonomy, safety and fidelity afforded by the

⁴⁷ In 2009, this evidence prompted the Ugandan Ministry of Health to establish the National Safe Male Circumcision Policy, a plan designed to result in the voluntary mass circumcision of adult Ugandan males (Sarvestani et al, 2012).

institution. Violence, misogyny and horrific subjugation place many married Ugandan women at heightened risk of HIV infection; characterising marriage as a refuge from the virus is thus dangerously inaccurate and thoroughly disingenuous. Abstinence-until-marriage education is also inadequate for members of the Ugandan population for whom the practice is illegal, and for youth drawn to sex by culture, duty or survival. Notwithstanding claims to the contrary, the American model of AUME is plainly not befitting AIDS prevention in Uganda. As this thesis demonstrates, it lacks both local legitimacy and the strategic flexibility required to meet the nation's complex needs and challenges.

7.3 Discussion

These findings suggest borrowing was neither an effective nor appropriate method by which to formulate health education policy in Uganda. Indeed, it may be said that in an effort to find a 'quick fix' solution to the nation's political and economic woes, the NRM government spurned 'best practice' in favour of 'most lucrative', adopting an American model of abstinence education with no prior record of success in preventing HIV. While the impact of this decision has yet to be fully determined, initial indications (in the form of this study's results) suggest the model is poorly equipped to meet the prevention needs of Uganda's beleaguered population. These findings demonstrate borrowing in health education – absent a thorough investigation of contextual correspondence – is a risky and potentially dangerous policy endeavour. The stakes in HIV prevention are particularly high; failure to provide indigenous solutions to complex local problems can expose an entire population to the agony and destruction of a deadly epidemic.

While Uganda's experience serves as a powerful cautionary tale, it is not unique; indeed, borrowing in other educational policy contexts has yielded strikingly similar results. South Africa's experiment in outcomes-based education (Cross et al, 2002; Chishom, 2003), Qatar's adoption of American-style charter schools (Barnowe-Meyer, 2012a), and efforts to privatise higher education in the Arab Gulf States (Donn & Al-Manthri, 2010) all failed to substantively address locally perceived education needs and challenges. These examples suggest that states all too

often pursue educational ‘best practice’ without a clear understanding of contextual factors either ‘at home’ or in the policy’s country of origin. This ‘grab-and-go’ approach to policy-making – often aided by a profit-driven magistracy – is a poor substitute for thoughtful consideration of a policy’s domestic compatibility, local legitimacy and implementational feasibility. British educationalist Michael Sadler, in a remarkable moment of foresight, summarised the basic dilemma of educational policy borrowing in his oft-cited 1900 speech:

We cannot wander at pleasure within the education systems of the world, like a child strolling through a garden, and pick off a flower from one bush and some leaves from another, and then expect that if we stick what we have gathered into the soil at home, we shall have a living plant. A nation’s education system is a living thing, the outcome of forgotten struggles and difficulties and ‘of battles long ago’ (Sadler, in Higginson, 1979, p.49). (Phillips, 2005, 24)

The borrowing process – often swift and superficial – fails to account for the history and complexities of a living system; as a result, borrowed policies rarely thrive and come to fruition as intended.

This is not to suggest, however, that cross-national comparative study has no value in education policy-making. Rather, it suggests a ‘learning’ approach may be a superior alternative to one based solely on policy borrowing. In his 2011 briefing entitled ‘*Policy borrowing or policy learning? How (not) to improve education systems*’, University of Edinburgh professor David Raffe articulates a distinction between the two approaches:

Policy borrowing involves searching the international experience for transferable ‘best practice’; policy learning uses this experience for a wider range of purposes, including understanding one’s own system better, identifying common trends and pressures that affect all systems, clarifying alternative policy strategies and identifying issues raised by each strategy.

Policy learning entails drawing lessons about the viability of policy instruments or designs, as well as the social construction of policy problems and their solutions, in a foreign context (May, 1992). It also entails making judgments about political feasibility, including the probability of successful enactment, the constraints upon

policy action, and the “political price and opportunity costs associated with pushing a given proposal or problem” (May, 1992, 334).

According to Raffe (2011), the policy learning approach can be summarised in terms of the following six precepts:

1. *Use international experience to enrich policy analysis, not short-cut it.* Educational policy-makers should use foreign experience, not to provide ‘quick fix’ solutions to policy challenges, but rather to inform a learning process through which they can develop policies tailored to national aims, needs and circumstances (Raffe, 2011).
2. *Look for good practice, not best practice.* Rather than look for unique, transferable ‘best practice’, cross-national comparative study should seek examples of good practice which “vary according to time, place, context and circumstance” (Raffe, 2011). While good practice may be transferable, “judgments about transferability should be the conclusion and not the starting point of research” (Raffe, 2011).
3. *Don’t study only ‘successful’ systems.* An exclusive focus on successful education systems is not the most effective method by which to learn the source of their success (Raffe, 2011). Policy-makers should also examine the experience of their less successful counterparts, even when their policy outcomes appear undesirable or impossible to attain:

How others see a problem, how options are set out and evaluated, [and] how implementation is understood and undertaken – all offer learning opportunities even when the policy experiences of different polities are not easily transferable as ‘lessons’ Here, one hopes to [understand] why some policies seem promising and doable, promising but impossible, or doable but not promising. (Marmor, Freeman & Okma, 2005, 335-339)

4. *Use international experience to better understand one’s own system.* Policy-makers often pursue a ‘deficit’ model of reform that attempts to correct perceived weaknesses in their current system (Raffe, 2011). It is

equally important, however, to identify and build upon existing strengths. Indeed, international comparisons can illuminate and clarify domestic arrangements without seeking policy transplantation as an aim (Marmor et al, 2005).

5. *Learn from history.* A culture of innovation in education often makes policy-makers hesitant to acknowledge and explore the merits of policies of the past (Raffe, 2011). A learning approach, however, combines cross-national enquiry with a capacity and willingness to learn from others' history as well as one's own (Raffe, 2011).
6. *Devise appropriate structures of governance.* Education systems should be organised and structured to maximise the benefits and opportunities made available by continuous policy learning (Raffe, 2011).

Had Ugandan policy-makers pursued a learning approach to prevention policy in the early 2000s, their efforts might have led to a vastly different outcome. As it turned out, however, the NRM government and its magisterial allies were driven, not by a pursuit of *knowledge*, but rather one of *profit*. Indeed, the nation's power elites appeared to subscribe to an increasingly popular belief that public good is secondary to the pursuit of profit and individual self-interest in a capitalist, neo-liberal world economy. This belief – surprisingly widespread – is perhaps the most troubling implication of the globally structured agenda for education. As other authors have noted,

as the discourse of, particularly, economic globalisation continues to gain control of international, regional and local [educational] policy processes, other interests, notably those concerned with human interests, get subsumed and, indeed, marginalized. (Donn & Al-Manthri, 2010, 94)

It can therefore be seen that, as educational potential is increasingly framed in the context of 'economic gains', concern for the enlightenment, emancipation and empowerment of citizens is largely mobilised out of the agenda for reform (Donn & Al-Manthri, 2010). While this poses challenges for all types and levels of education, it bodes particularly poorly for educational interventions designed to prevent

HIV/AIDS. Indeed, AIDS prevention efforts require an acute understanding of human interests, needs, and frailties, and a commitment on behalf of policy-makers to tailor educational programmes to locally, rather than globally, perceived problems. They should focus, without exception, on *human* growth and potential, and not be reduced, as in Uganda, to macro-economic prospects and the potential to generate capital in a profit-driven society. As long as human interests remain subordinate to economic advancement in the global agenda for education, the success of AIDS prevention programmes will continue to be measured, not in human lives saved, but rather in dollars and cents.

In all likelihood, states will continue to pursue education policy within a globally structured agenda as long as the prospect of profit looms large on the horizon. They do so, ultimately, at their own risk. Forecasting change in the global economy is an inexact science, one often based on speculation and conjecture rather than concrete and reliable evidence. For no sooner has the magistracy proclaimed the future needs of the global market – and generated ‘reform’ in a country’s education system – than change inevitably occurs (Donn & Al-Manthri, 2010). Indeed, as deftly noted by Donn and Al-Manthri (2010, 132), “what is market-driven today may be over-subscribed and out of date next year”. A singular focus on economic interests generated within a global agenda leaves states – particularly developing ones – at a profound disadvantage should the economy shift and make what was once new and innovative become baroque and impractical. Changing donor priorities also place developing states in a precarious financial position. Such is the case, apparently, in Uganda. No longer confronting an administration in the United States amenable to abstinence-until-marriage education⁴⁸ (The Alan Guttmacher Institute, 2009), the NRM government is unlikely to see again (in the foreseeable future) the funding levels to which it became accustomed during the presidency of George W. Bush. If the nation wishes to develop a new HIV/AIDS curriculum – or to expand the ill-conceived PIASCY programme to out-of-school youth, as President Museveni

⁴⁸ As reported by The Alan Guttmacher Institute (2009), President Barack Obama’s first proposed federal budget eliminated “highly restrictive and harmful [domestic] abstinence-until-marriage programs” in favour of “medically accurate and evidence-based” sexual and reproductive health curricula.

intends – it will likely be forced to commit more of its own financial and technical resources to its development and implementation. If the history of PIASCY or the SHEP programme (1987-2003) is any indication, the NRM government is unlikely to make this commitment a priority.

CHAPTER EIGHT

Conclusion

This research explored the contemporary phenomena of globalisation and policy borrowing in the context of Uganda's efforts to prevent HIV/AIDS through educational intervention. It specifically examined the nation's controversial shift from comprehensive sexual health education to an American-inspired model exclusively touting the benefits and virtues of remaining sexually abstinent until marriage. Using two forms of documentary analysis – a four-stage analytical framework for policy borrowing and a modified Discourse-Historical Approach to Critical Discourse Analysis – it aimed to determine precisely how and why this shift occurred, and to identify what role, if any, a globally structured agenda for education played in this transition. It also aimed to analyse the social, educational and health consequences of borrowing health education policy in Uganda and beyond.

The results indicate that Uganda indeed experienced a dramatic transformation in its HIV/AIDS prevention strategy shortly after the turn of the twenty-first century. In 2004, the nation's highly successful ABC approach was largely abandoned in primary schools in favour of PIASCY, an abstinence-only approach borrowed from the United States in which condoms are dismissed, denigrated and discouraged. The initiative, featuring in-class exercises, school-wide assemblies, and a number of extra-curricular activities including Music, Dance and Drama Clubs, 'talking' compounds, suggestion boxes and Safety Friends Networks – was enthusiastically embraced by both the NRM government and the nation's many faith-based organizations. With the financial and technical assistance of the United States Agency for International Development, PIASCY was quickly disseminated to more than 45,000 teachers in 15,000 primary schools across Uganda. The programme remains today the nation's official HIV/AIDS prevention curriculum for primary school-aged youth.

In-depth analysis of discourse surrounding the programme's adoption, however, revealed a troubling pattern of distortion, dissemblance and blatant misrepresentation. Oversimplified assessments of epidemiological data,

mischaracterisation of the nation's much-lauded ABC approach, subjective assertions about the moral and prophylactic superiority of abstinence, and scientifically-refuted claims regarding the dangers of condom use all demonstrate the propensity of Ugandan policy-makers to manipulate discourse in their favour. Indeed, the various arguments in support of abstinence-until-marriage education in Uganda were found to be largely motivated by the political ambitions and economic aspirations of key members of the NRM government. These aspirations included establishing the movement's legitimacy as a political power, improving its financial prospects, and – perhaps most significantly – integrating the nation more fully into the global economy. This finding suggests Uganda's dramatic shift in HIV prevention policy was 'quick fix' in nature, motivated not by local health needs and priorities, but by the neo-liberal, capital-driven imperatives of a global education agenda.

This research also exposed the profound health and social consequences of adopting an educational policy advocating pre-marital abstinence as Uganda's primary HIV/AIDS prevention strategy. Indeed, despite the positive discursive representation constructed by the nation's power elites, an abstinence-driven educational model was ultimately found incompatible with the prevention needs of many young Ugandans. Messages promoting abstinence-until-*marriage* were found particularly inappropriate given the lack of autonomy, safety and fidelity afforded by the institution. Abstinence-until-marriage education was also found inadequate for members of the Ugandan population for whom the practice is illegal, and for youth drawn to sex by culture, duty and survival. While more research is needed, PIASCY's lack of local legitimacy and strategic flexibility may also have played a role in troubling increases in rates of HIV prevalence since the programme was introduced in late 2004.

These findings suggest borrowing the United States' model of abstinence education was neither an effective nor advisable method by which to formulate prevention policy in Uganda. They also reveal the potential risks associated with borrowing foreign models of health education without first undertaking a thorough assessment of contextual correspondence. A 'learning' approach – one that uses

international experience to better understand one's own system, to identify common trends and pressures, and to clarify the advantages and disadvantages of foreign policy strategies – was also identified as an alternative approach to policy-making in the absence of viable domestic or indigenous policy solutions.

This research makes a number of practical and theoretical contributions to knowledge. It demonstrates that the American model of abstinence-until-marriage education is profoundly incompatible with the prevention needs of many Ugandan men and women. Policy borrowing – in the absence of a thoughtful and thorough investigation of domestic compatibility, local legitimacy and implementational feasibility – thus appears an ineffective, inappropriate and potentially risky method by which to formulate health education policy. This research also demonstrates that a globally structured agenda for education – one exclusively focused on politico-economic interests at the expense of human growth and potential – bodes very poorly for HIV/AIDS prevention efforts. It ultimately illustrates the need for a more balanced approach to education policy-making: one that, whilst cognizant of political and economic consequences, is also responsive to indigenous priorities, local needs and interests, issues of long-term sustainability and correspondence with broader human and social development goals.

While a globally structured agenda for education is likely here to stay, governments do themselves – and their populations – a disservice by adhering to its tenets and priorities explicitly. Uganda serves as a tragic example of this phenomenon. In borrowing a global strategy for the prevention of HIV, the nation now finds itself – ironically – even less capable of eradicating the virus and, as a result, successfully integrating into the global economy. Meanwhile, the Ugandan population struggles against the onslaught of a deadly and relentless epidemic, saddled with an educational policy unable to meet many of its basic prevention needs.

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APPENDIX A

Content of PIASCY teachers' manual (grades P3-P4)

(Source: *Uganda Ministry of Education & Sports, 2004a*)

Chapter 1 How to pass on information about sexuality to children

- 1.1 General information for the teacher
- 1.2 HIV, sexuality and sex education
- 1.3 Why involve teachers in sexuality education?
- 1.4 The roles and responsibilities of parents/guardians
- 1.5 The role and responsibilities of teachers
- 1.6 Where the teacher is living with HIV
- 1.7 How children grow and develop
- 1.8 How to approach pupils in P3-4
- 1.9 How children react to teaching on sex and HIV
- 1.10 Answering children's questions
- 1.11 Making new ideas real
- 1.12 Talking to children about avoiding sex
- 1.13 Social development of children 7-11 years
- 1.14 Sexual development of children 7-11 years

Chapter 2 Ethics, morals and cultural values

- 2.1 General information for the teacher
- 2.2 Children's ideas about rules
- 2.3 How children decide what is right and wrong
- 2.4 Children's ideas about punishment and justice
- 2.5 The development of morals and faith
- 2.6 How do children understand the concept of God?
- 2.7 How children understand concepts of life and death
- 2.8 What religion says about sex (Activity)
- 2.9 The teacher's punishment (Activity)
- 2.10 What my religion says about choosing friends (Activity)
- 2.11 Owning up to our mistakes and asking for forgiveness (Activity)
- 2.12 Professional ethics
- 2.13 Cultural beliefs and practices
- 2.14 What is culture?
- 2.15 Rites of passage: initiation ceremonies
- 2.16 Cultural rites and HIV
- 2.17 Good cultural practices that protect against HIV
- 2.18 Virginity
- 2.19 The Cultural Show (Activity)
- 2.20 Cultural practices that can lead to HIV infection
- 2.21 Identifying harmful cultural practices (Activity)

Chapter 3 Reproductive health

- 3.0 Why it is important to teach reproductive health to P3-4 pupils
- 3.1 General information for the teacher – preparing for body changes
- 3.2 Will children take reproductive health seriously if it is not presented seriously?
- 3.3 When children ask ‘silly’ questions
- 3.4 Asking questions about growing up (Activity)
- 3.5 The private parts of a girl
- 3.6 How to keep the vulva clean
- 3.7 How to clean yourself after the latrine
- 3.8 The private parts of a boy
- 3.9 How boys can care for their private parts
- 3.10 What to wear
- 3.11 Keeping our private parts clean (Activity)
- 3.12 Drawing pictures of materials used for cleaning private parts (Activity)
- 3.13 Body changes in girls
- 3.14 Menstruation
- 3.15 How menstruation happens
- 3.16 Problems girls may feel during menstruation
- 3.17 Managing menstruation
- 3.18 Making girls feel good about menstruation
- 3.19 Support for girls during menstruation
- 3.20 Making sanitary pads at home (Activity)
- 3.21 Body changes in boys
- 3.22 Erections
- 3.23 What are wet dreams?
- 3.24 Making boys feel good about wet dreams and menstruation (Activity)
- 3.25 Sex and abstinence
- 3.26 Avoiding sex
- 3.27 Abstaining causes no problems
- 3.28 The story of the impatient lion (Activity)
- 3.29 Myths about sex, pregnancy and menstruation
- 3.30 The story of the young girl and her friends (Activity)
- 3.31 Myths on menstruation and sex (Activity)

Chapter 4 Gender, children’s rights and responsibilities

- 4.1 Understanding gender, behaviour and attitudes
- 4.2 Harmful beliefs
- 4.3 Respecting one another’s gender (Activity)
- 4.4 How children’s rights can help to prevent HIV
- 4.5 Reproductive health rights
- 4.6 Understanding children’s rights and responsibilities (Activity)
- 4.7 How and when to claim your rights as a child

- 4.8 How adults violate children's rights (Activity)
- 4.9 Gathering information on HIV/AIDS, abuse and defilement (Activity)
- 4.10 Art project on the Rights of the Child (Activity)
- 4.11 Child responsibilities
- 4.12 The story of the family and Mr. and Mrs. Hare (Activity)

Chapter 5 Life skills

- 5.1 Categories of life skills
- 5.2 How to love yourself
- 5.3 Sweet little words (Activity)
- 5.4 Living peacefully with others
- 5.5 Forming good friendships (Activity)
- 5.6 Who is a good friend? (Activity)
- 5.7 Resisting peer pressure
- 5.8 How to choose good groups (Activity)
- 5.9 Role play on types of groups (Activity)
- 5.10 Being assertive with your parent
- 5.11 Say what you mean (Activity)
- 5.12 How to make sensible decisions
- 5.13 Who is an adult you can trust?
- 5.14 How do I make a good decision? (Activity)

Chapter 6 HIV/AIDS

- 6.0 What is HIV/AIDS?
- 6.1 How is HIV passed from one person to another?
- 6.2 Children and HIV
- 6.3 Myths about HIV
- 6.4 Children caring for sick parents
- 6.5 Children orphaned by AIDS
- 6.6 Children living with HIV/AIDS
- 6.7 HIV and children with special needs
- 6.8 Situations that can put children in danger of HIV
- 6.9 The little girl and the bad man (Activity)
- 6.10 The story of the little boy and the bad woman (Activity)
- 6.11 How HIV affects our body
- 6.12 Caring for people living with HIV/AIDS
- 6.13 How to care for a person living with HIV/AIDS (Activity)
- 6.14 Foods for a person with HIV/AIDS (Activity)
- 6.15 Myths about transmission of HIV (Activity)
- 6.16 Helping children with HIV to live positively
- 6.17 Role plays on helping children living with HIV/AIDS (Activity)
- 6.18 AIDS eventually leads to death
- 6.19 The story of the withering plant (Activity)
- 6.20 Signs and symptoms of HIV/AIDS (Activity)

- 6.21 Tuberculosis and HIV
- 6.22 Getting the right information about TB (Activity)
- 6.22 Sexual abuse
- 6.23 Emotional effects of sexual abuse on the child
- 6.24 Social effects of sexual abuse on the child
- 6.25 Physical effects of sexual abuse on the child
- 6.26 Sexual effects of sexual abuse on the child
- 6.27 Effects on behaviour
- 6.28 How teachers can help children who are sexually abused
- 6.29 Voluntary counselling and testing (VCT) for HIV
- 6.30 A visit to the health unit that providing counselling and testing (Activity)

Chapter 7 Sexually transmitted infections

- 7.0 STIs and HIV infection
- 7.1 What are STIs?
- 7.2 Signs of an STI
- 7.3 What you can do to help
- 7.4 What happens when STIs are not properly treated?
- 7.5 The handshake game (Activity)
- 7.6 Poem on STI (Activity)

Chapter 8 Guidance and counselling

- 8.0 What is guidance and counselling?
- 8.1 Using art to discover a problem
- 8.2 Basic skills for counselling children
- 8.3 Children's reactions to HIV and death
- 8.4 Referring children
- 8.5 Practical ways teachers can help pupils affected by HIV
- 8.6 A reminder for teachers

Chapter 9 Messages for assemblies, clubs and classes

- Message 1: Have good morals
- Message 2: Follow your religion to stay safer
- Message 3: Body changes – boys
- Message 4: Body changes – girls
- Message 5: Managing menstruation
- Message 6: Virginity is healthy: stay a virgin
- Message 7: Always say no to sex
- Message 8: Stay in schools
- Message 9: Boys and girls, respect each other
- Message 10: Know and exercise your rights
- Message 11: Know and observe your responsibilities
- Message 12: STIs
- Message 13: HIV and AIDS

Message 14: Pregnancy

Message 15: Say no to early marriage and other harmful cultural practices

Message 16: Life skills

Message 17: Avoid bad touches, lonely places and gifts

Message 18: Living positively with HIV

APPENDIX B

Content of PIASCY teachers' manual (grades P5-P7)
(Source: *Uganda Ministry of Education & Sports, 2004b*)

Chapter 1 Helping pupils choose to abstain

- 1.1 Books for schools
- 1.2 Why PIASCY? Why now?
- 1.3 Why involve teachers in HIV/AIDS education?
- 1.4 What are the objectives of PIASCY?
- 1.5 Helping children to choose to delay sex
- 1.6 Abstinence needs support
- 1.7 What about pupils who have already started sex?
- 1.8 How to use this book

Chapter 2 Ethics, morals and cultural values

- 2.1 Moral development
- 2.2 Faith development
- 2.3 Ethics and ethical values
- 2.4 Ethics of the teaching profession
- 2.5 Relations between teachers, learners and fellow teachers
- 2.6 Sexuality
- 2.7 Religious teachings
- 2.8 Morals, morality and moral values
- 2.9 Why are moral values important to young adolescents?
- 2.10 Why children go wrong
- 2.11 Media influence
- 2.12 Situations that lead to risky sex
- 2.13 Morally unacceptable sexual behaviour for young adolescents
- 2.14 Moral values that promote life
- 2.15 Understanding positive moral values (Activity)
- 2.16 Culture and cultural values
- 2.17 Why culture is important
- 2.18 Beliefs and customs
- 2.19 Cultural practices that increase the risk of HIV infection
- 2.20 Cultural practices that reduce the risk of HIV infection
- 2.21 Good and bad cultural practices (Activity)
- 2.22 Identifying bad cultural practices (Activity)
- 2.23 Using songs and dances to show the dangers of cultural practices (Activity)
- 2.24 A cultural tour (Activity)

Chapter 3 Teaching reproductive health and HIV

- 3.1 Not an expert
- 3.2 Embarrassed
- 3.3 Worried about colleagues

- 3.4 Anxious about HIV/AIDS status
- 3.5 Overloaded day
- 3.6 Angry parents
- 3.7 Why talk about sex?
- 3.8 The value of abstinence
- 3.9 Delay sex until when?
- 3.10 Will pupils delay sex?
- 3.11 Staying safe after primary school: protection plans
- 3.12 Accepting sexual feelings
- 3.13 Addressing condoms
- 3.14 What about pupils who are sexually active?
- 3.15 Children who are sexually abused
- 3.16 Pupils who choose to have sex
- 3.17 Handling girls
- 3.18 Handling boys
- 3.19 A final word: HIV is sensitive

Chapter 4 Understanding HIV/AIDS in Uganda

- 4.0 Good news
- 4.1 Bad news
- 4.2 Who has HIV and how did they get infected?
- 4.3 The decline in HIV in Uganda: the success story
- 4.4 HIV decreased because of behaviour change
- 4.5 Open talk helped behaviour change
- 4.6 Children, adolescents and HIV
- 4.7 Young people want to be responsible
- 4.8 Moral issues
- 4.9 Orphans and HIV
- 4.10 HIV/AIDS and children with special needs
- 4.11 HIV/AIDS and children in conflict areas

Chapter 5 Gender, children's rights and responsibilities

- 5.1 Gender
- 5.2 Harmful gender relations
- 5.3 Gender roles are changing
- 5.4 What teachers can do
- 5.5 Gender roles – role play (Activity)
- 5.6 Children's rights and responsibilities
- 5.7 Teachers and children's rights and responsibilities
- 5.8 Parents and children's rights
- 5.9 Reproductive rights
- 5.10 When rights are violated
- 5.11 Common violations: bad touches and violence
- 5.12 Art project on the Rights of the Child (Activity)
- 5.13 Finding facts on HIV/AIDS, abuse and defilement (Activity)
- 5.14 Self-expression: a debate in class (Activity)

Chapter 6 Reproductive health

- 6.0 Reproductive health for adolescents
- 6.1 Menstruation
- 6.2 Menstrual irregularities
- 6.3 Menstrual pain and discomfort
- 6.4 Managing periods
- 6.5 Sex and menstruation
- 6.6 Identifying children who know or do not know about menstruation (Activity)
- 6.7 Myths about menstruation (Activity)
- 6.8 Breasts
- 6.9 Wet dreams
- 6.10 Erections
- 6.11 Penis size
- 6.12 Penile hygiene
- 6.13 The boy and the girl who belonged to the ‘Anti-bathing Club’ (Activity)
- 6.14 An essay competition on hygiene (Activity)
- 6.15 Writing about how to keep our genitals clean (Activity)
- 6.16 Pictures of materials for cleaning private parts (Activity)
- 6.17 Sexual feelings
- 6.18 Sexual intercourse
- 6.19 Pregnancy
- 6.20 Caring for the pupil who conceives
- 6.21 Pregnancy and HIV
- 6.22 Game: “Am I ready to be a parent?” (Activity)
- 6.23 The sufferings of a girl called Shy (Activity)

Chapter 7 STIs, HIV and AIDS

- 7.0 What are STIs?
- 7.1 Signs of STIs
- 7.2 Preventing STIs
- 7.3 STI treatment
- 7.4 STIs and HIV
- 7.5 Candidiasis
- 7.6 A handshake game about transmission of STI (Activity)
- 7.7 A poem about the signs of STI (Activity)
- 7.8 Myths and misconceptions about common STIs in Uganda (Activity)
- 7.9 A talk about syphilis and gonorrhea (Activity)
- 7.10 Visiting a health centre (Activity)
- 7.11 Brainstorming about gonorrhea (Activity)
- 7.12 Drawing the story of gonorrhea (Activity)
- 7.13 Composing a song, poem and role play about an STI (Activity)

- 7.14 HIV and AIDS
- 7.15 The difference between HIV and AIDS
- 7.16 Major signs
- 7.17 Minor signs
- 7.18 How is HIV spread?
- 7.19 HIV prevention
- 7.20 Risky situations that contribute to the spread of HIV
- 7.21 Listening and counselling
- 7.22 Testing for HIV
- 7.23 Living positively with HIV
- 7.24 Adolescents born with HIV
- 7.25 Girls are very vulnerable
- 7.26 Visiting a person who is sick with HIV/AIDS (Activity)
- 7.27 Myths about caring for young people living with HIV/AIDS (Activity)
- 7.28 Facts about positive living (Activity)
- 7.29 Tuberculosis and HIV
- 7.30 Role playing voluntary counselling and HIV/AIDS testing (Activity)
- 7.31 Additional information: Post-exposure prophylaxis

Chapter 8 Life skills

- 8.1 Why are life skills important?
- 8.2 Life skills and teachers
- 8.3 Life skills and HIV
- 8.4 Teaching life skills
- 8.5 Categories of life skills
- 8.6 Skills of knowing and living with oneself
- 8.7 Skills of knowing and living with others
- 8.8 Skills of effective decision-making
- 8.9 Life skills and culture
- 8.10 Role playing assertiveness (Activity)
- 8.11 Being assertive with your parents (Activity)
- 8.12 Effective communication – the whispering game (Activity)
- 8.13 Writing a letter that says what you want (Activity)
- 8.14 Brainstorming the need for friends (Activity)
- 8.15 Defining a friend (Activity)
- 8.16 How to choose good groups (Activity)
- 8.17 Role play on types of groups (Activity)

Chapter 9 Guidance and counselling

- 9.0 What is guidance?
- 9.1 What is counselling?
- 9.2 Why are guidance and counselling important?
- 9.3 Guidance and counselling by teachers
- 9.4 Counselling and HIV/AIDS

- 9.5 Qualities of an effective counsellor
- 9.6 Basic skills in counselling
- 9.7 Attending skills
- 9.8 Listening skills
- 9.9 Empathy
- 9.10 Probing skills
- 9.11 Questioning
- 9.12 Prompting
- 9.13 Interjections
- 9.14 Summarising skills
- 9.15 Self-disclosure
- 9.16 Giving information
- 9.17 Confrontation
- 9.18 Dealing with children
- 9.19 Communicating with children
- 9.20 Drawing, painting or modeling
- 9.21 Sentence completion
- 9.22 Songs and poems
- 9.23 Role play and drama
- 9.24 Letter writing
- 9.25 The counselling process
- 9.26 Stages in counselling
- 9.27 Stage one: Clarifying the problem
- 9.28 Stage two: Considering the options
- 9.29 Stage three: Making a plan of action
- 9.30 Stage four: Evaluation
- 9.31 Stage five: Ending the counselling
- 9.32 Referral
- 9.33 Referral centres for guidance, counselling and reproductive health services

Chapter 10 Messages for assemblies, clubs and classes

- Message 1 Choose to abstain
- Message 2 How HIV is transmitted
- Message 3 HIV damages the body
- Message 4 People with HIV need care and support
- Message 5 Few partners, faithfulness
- Message 6 Testing for HIV
- Message 7 Condom use
- Message 8 Body changes: boys
- Message 9 Body changes: girls
- Message 10 Managing menstruation
- Message 11 STIs
- Message 12 Pregnancy
- Message 13 Life skills 1
- Message 14 Life skills 2
- Message 15 Say no to gifts for sex

Message 16	Children have rights and responsibilities
Message 17	Violence is wrong
Message 18	Culture and HIV infection
Message 19	Respect between boys and girls is healthy
Message 20	Virginity is healthy
Message 21	Say no to bad touches
Message 22	Stay in school, complete at least P7
Message 23	Avoid risks to stay safer
Message 24	Choose to delay sex
Message 25	Pre-marital sex is risky
Message 26	Acceptable moral practices

APPENDIX C

Selection of discursive strategies

(Source: *Reisigl & Wodak, 2009*)

Strategy	Objectives	Devices
nomination	discursive construction of social actors, objects/phenomena/events and processes/actions	<ul style="list-style-type: none"> • membership categorization devices, deictics, anthroponyms, etc. • tropes such as metaphors, metonymies and synecdoches (<i>pars pro toto, totum pro parte</i>) • verbs and nouns used to denote processes and actions, etc.
predication	discursive qualification of social actors, objects, phenomena, events/processes and actions (more or less positively or negatively)	<ul style="list-style-type: none"> • stereotypical, evaluative attributions of positive or negative traits (e.g. in the form of adjectives, appositions, prepositional phrases, relative clauses, conjunctive clauses, infinitive clauses and participial clauses or groups) • explicit predicate or predicative nouns/adjectives/pronouns • collocations • explicit comparisons, similes, metaphors and other rhetorical figures (including metonymies, hyperboles, litotes, euphemisms) • allusions, evocations, presuppositions/implicatures, etc.
argumentation	justification and questioning of claims of truth or normative rightness	<ul style="list-style-type: none"> • topoi (formal of more content-related) • fallacies
perspectivation, framing or discourse representation	positioning speaker's or writer's point of view and expressing involvement or distance	<ul style="list-style-type: none"> • deictics • direct, indirect or free indirect speech • quotation marks, discourse markers/particles • metaphors
intensification, mitigation	modifying (intensifying or mitigating) the illocutionary force and thus the epistemic or deontic status of utterances	<ul style="list-style-type: none"> • diminutives or augmentatives • (modal) particles, tag questions, subjunctive, hesitations, vague expressions, etc. • hyperboles, litotes • indirect speech acts (e.g. question instead of assertion) • verbs of saying, feeling, thinking, etc.